

2016 Traffic Safety Summit “The New UD-10 Crash Report”

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History

- **Federal Traffic Records Assessment suggested Michigan work to become more compliant with federal reporting guidelines.**
- **In the spring of 2009, a MMUCC review board was formed and included members from several different organizations along with law enforcement personnel.**
- **October, 2012 we kicked off the UD-10 Traffic Crash Form Revision Project which is being combined with a database modernization effort.**
- **The revised form will be implemented on January 1, 2016.**



History

- The UD-10 Revision Team included members from the following departments:
 - Michigan State Police (TCRU)
 - Michigan State Police (enlisted)
 - Dept. of Management and Budget
 - Secretary of State
 - MI Dept. of Transportation
 - Grand Rapids Police Dept.
 - Isabella County Sheriff Dept.
 - Livonia Police Dept.



Goals

- To become more federally compliant (MMUCC).
- To capture more information in order to provide better data for traffic safety.
- To remove unused and outdated fields and attributes on the current form.
- To have the form remain a two-sided, single page report.



Michigan's Score (currently)

	MMUCC Compliance	MI Compliant	Percentage
Elements	107	75	70%
Officer Collected	75	65	87%
Derived	10	8	80%
Linked	22	2	9%

Elements: Individual pieces of information about the crash.

Officer Collected: Obtained and recorded by the officer.

Derived: Done on the back end, i.e.. driver age from DOB.

Linked: Connected to another database, i.e.. Driver status from SOS.



Michigan's Score (2016)

	MMUCC Compliance	MI Compliant	Percentage
Elements	110	90	82%
Officer Collected	77	71	92%
Derived	10	10	100%
Linked	23	9	39%

Other Elements not collected:

Type of helmet for motorcycles and bicycles.

Type of reflective clothing worn by Peds, bikes, etc.

Type of intersection, i.e. T, Y, 4-way, etc.

No other state is 100% compliant!

just as long as we follow the suggestions and show progress.



State of Michigan Traffic Crash Report

UD-10 Front

ORI MI		Department Name		Investigator(s)		Badge #		Incident #		Page of	
Crash Date		Crash Time (MM)		No. of Units		Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input type="radio"/> Angle <input type="radio"/> Backing <input type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other <input type="radio"/> Unknown					
Special Circumstances <input type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> School Bus <input type="radio"/> Reeling Police <input type="radio"/> Unknown <input type="radio"/> Animal		Weather		Light		Road Surface Condition		Total Lanes			
County		City/Town		Area		Traffic Control		Relation to Roadway		Contributing Circumstances	
Prefix		Primary Road Name		Road Type		Suffix		Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W			
Distance		Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Beginning of Ramp <input type="radio"/> End of Ramp		Trafficway		Speed Limit		Posted <input type="radio"/> Yes <input type="radio"/> No			
Prefix		Intersecting Road Name		Road Type		Suffix		Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W			
Unit / Driver											
Unit Number		Driver's License State / Number		Date of Birth		Unit Type <input type="radio"/> M/V <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (Train)		Sex <input type="radio"/> M <input type="radio"/> F			
Name		Street Address		City		State		ZIP		Phone	
Position		Restraint		Airbag		Ejected		Condition at Time of Crash <input type="radio"/> 1st <input type="radio"/> 2nd		Driver Distracted By	
Citation <input type="radio"/> Hazardous <input type="radio"/> Other		Hazardous Action		Action Prior		Sequence of Events (M = Most Harmful Event) <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd <input type="radio"/> 4th					
Alcohol Suspected <input type="radio"/> Yes <input type="radio"/> No		Contributing Factor <input type="radio"/> Yes <input type="radio"/> No		Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered		Test Results		Interlock Device <input type="radio"/> Yes <input type="radio"/> No		Results Pending	
Drug Suspected <input type="radio"/> Yes <input type="radio"/> No		Contributing Factor <input type="radio"/> Yes <input type="radio"/> No		Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered		Test Results		Results Pending			
Vehicle											
Vehicle Registration		State		Insurance Company		Policy Number		Towed To			
VIN		Year		Make		Model		Color		Special Vehicles	
Vehicle Type		Location of Greatest Damage		1st Impact		Extent of Damage		Vehicle Direction		Private Trailer Type	
Vehicle Defect											
Passengers											
Name		Street Address		City		State		ZIP		Phone	
Date of Birth		Position		Restraint		Airbag		Hospital Code		Ambulance Code	
Name		Street Address		City		State		ZIP		Phone	
Date of Birth		Position		Restraint		Airbag		Hospital Code		Ambulance Code	
Name		Street Address		City		State		ZIP		Phone	
Date of Birth		Position		Restraint		Airbag		Hospital Code		Ambulance Code	
Owner <input type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness		Name		Phone		Age		Pos.		Rest.	
Owner <input type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness		Name		Phone		Age		Pos.		Rest.	
Reported Date		Reported Time		Damaged Property		Owner & Phone		Public		Yes <input type="radio"/> No <input type="radio"/>	
UD-10 SERIAL NUMBER		Serial Override Number									



UD-10 Back

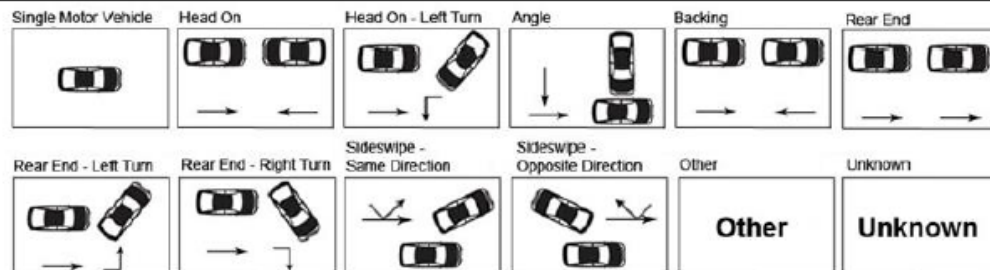


Unit / Driver																	
Unit Number		Driver's License State / Number					Date of Birth			Unit Type <input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (Train)		Sex <input type="radio"/> M <input type="radio"/> F					
Name							<input type="radio"/> Driver is Owner		License Type <input type="radio"/> O <input type="radio"/> C <input type="radio"/> M								
Street Address							Endorsements <input type="radio"/> CY <input type="radio"/> F <input type="radio"/> R										
City			State		Zip		Phone Number			Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O							
Position		Restraint		Airbag		Ejected <input type="radio"/>		Condition at Time of Crash 1 st <input type="radio"/> 2 nd <input type="radio"/>		Driver Distracted By		Total Occupants		Hospital Code		Ambulance Code	
Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other							Hazardous Action		Action Prior		Sequence of Events (M = Most Harmful Event) 1 st <input type="radio"/> 2 nd <input type="radio"/> 3 rd <input type="radio"/> 4 th <input type="radio"/>						
Alcohol Suspected <input type="radio"/> Yes <input type="radio"/> No		Contributing Factor <input type="radio"/> Yes <input type="radio"/> No		Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered		Test Results		Interlock Device <input type="radio"/> Yes <input type="radio"/> No									
Drug Suspected <input type="radio"/> Yes <input type="radio"/> No		Contributing Factor <input type="radio"/> Yes <input type="radio"/> No		Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered		Test Results		Results Pending <input type="radio"/>									
Vehicle																	
Vehicle Registration			State		Insurance Company			Policy Number			Towed To						
VIN			Year		Make		Model		Color		Special Vehicles		Vehicle Use				
Vehicle Type		Location of Greatest Damage		1 st Impact		Extent of Damage		Vehicle Direction		Private Trailer Type		Vehicle Defect					
Passengers																	
Name							Ejected <input type="radio"/>										
Street Address							Sex <input type="radio"/> M <input type="radio"/> F		Trapped <input type="radio"/>								
City			State		ZIP		Phone			Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O							
Date of Birth			Position		Restraint		Airbag		Hospital Code		Ambulance Code						
Name							Ejected <input type="radio"/>										
Street Address							Sex <input type="radio"/> M <input type="radio"/> F		Trapped <input type="radio"/>								
City			State		ZIP		Phone			Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O							
Date of Birth			Position		Restraint		Airbag		Hospital Code		Ambulance Code						
<input type="radio"/> Owner		Name		Age		Pos.		Rest.		Address							
<input type="radio"/> Uninjured Passenger		Name		Age		Pos.		Rest.		Address							
<input type="radio"/> Witness		Name		Age		Pos.		Rest.		Address							
Truck / Bus																	
Unit #		Carrier Name															
Address																	
City			State		ZIP												
GVWR / GCWR <input type="radio"/> 10,000 LBS or Less <input type="radio"/> 10,001 - 25,000 LBS <input type="radio"/> 25,001 LBS or More																	
Vehicle Configuration		Cargo Body Type		HAZMAT <input type="radio"/> Placard <input type="radio"/> Cargo Spill		HAZMAT ID		HAZMAT Class									
USDOT		MC		MPSC													
CDL Type <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> None		Endorsements <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X															
Medical Card <input type="radio"/> Yes <input type="radio"/> No		Exempt <input type="radio"/> Farm <input type="radio"/> Other		Remarks / Narrative													
UD-10 Serial Number																	

North

Crash Diagram

Crash Type (First Impact)



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Animal

1. Deer
2. Turkey
3. Elk
4. Moose
5. Bear
97. Animal (Other)
98. Animal (Unknown)

Weather

1. Clear
2. Cloudy
3. Fog
4. Rain
5. Snow
6. Severe Crosswinds
7. Sleet / Hail
8. Blowing Snow
9. Blowing Sand, Soil, Dirt
10. Smoke
98. Unknown

Light

1. Daylight
2. Dawn
3. Dusk
4. Dark-Lighted
5. Dark-Unlighted
97. Other
98. Unknown

Road Surface Condition

1. Dry
2. Wet
3. Ice
4. Snow
5. Mud, Dirt, Gravel
6. Slush
7. Debris
8. Water (Standing / Moving)
9. Sand
10. Oily
97. Other
98. Unknown

Area

► Freeway

1. Entrance / Exit Ramp Related
2. Authorized Median Crossover Related
3. Transition Area / Increase or Decrease in Travel Lanes
4. Rest Area Related
5. Scale / Weigh Station Related
20. Curved Roadway
6. All Other Freeway Areas

► Intersection

7. Within Intersection
8. Driveway Related within 150 ft. of Nearest Edge of Intersection
9. Intersection Related-Other
21. Roundabout

► Other Non-Freeway Areas

10. Straight Roadway Not Related to Other Selections
11. Curved Roadway Not Related to Other Selections
12. Driveway Related Not within 150 ft. of Intersection
13. Parking Related Legal Roadside
14. Transition Area / Increase or Decrease in Travel Lanes
15. Median Crossing Related
16. Railroad Crossing Related
17. Rest Area Related
18. Scale / Weigh Station Related
19. Non-Traffic Area
97. Other
98. Unknown

Traffic Control

1. Signal
2. Stop Sign
3. Stop Sign with Flashing Beacon
4. Yield Sign
96. None

Work Zone - Activity

1. Lane Closure
2. Lane Shift / Crossover
3. Work on Shoulder or Median
4. Intermittent or Moving Work
97. Other

Work Zone - Location

1. Before the First Work Zone Warning Sign
2. Between the First and Last Work Zone Warning Sign
3. No Warning Signs

Contributing Circumstances

1. Prior Crash
2. Backup Due to Regular Congestion
3. Backup Due to Other Incident
4. Glare
5. Traffic Control Device Inoperative, Missing or Obscured
6. Shoulders (None, Low, Soft, High)
96. None
97. Other
98. Unknown

Relation to Roadway

1. On the Road
2. Median
3. Shoulder
4. Outside of Shoulder / Curb
5. Gore
6. On-Street Parking
7. Off Roadway (Non-Traffic)
8. Sidewalk
9. Bicycle Lane
98. Unknown

Trafficway

1. Not Physically Divided (Two-Way Traffic)
2. Divided Highway without Traffic Barrier
3. Divided Highway with Traffic Barrier
4. One-Way Traffic
5. Non-Traffic
6. Two-Way, Not Divided, with a Continuous Left Turn Lane

Position

- B Bicyclist
P Pedestrian
E Engineer (Railroad / Train)



13. Sleeper Section
14. Other Enclosed Passenger / Cargo Area
15. Other Unenclosed Passenger / Cargo Area
16. Riding In / On Trailing Unit
17. Riding On Vehicle Exterior
98. Unknown

► Motorcycles, Snowmobiles, Etc. (In-Line Seating)

1. Driver
4. Passenger One
7. Passenger Two
15. Other Unenclosed Passenger / Cargo Area

Restraint Use

1. No Belts Available
2. Shoulder Belt Only Used
3. Lap Belt Only
4. Shoulder and Lap Belt
5. No Belts Used
6. Child Restraint System – Forward Facing
7. Child Restraint Not Used or Improperly Used
8. Child Restraint System – Rear Facing
9. Child Restraint System – Booster Seat
10. Restraint Failure
11. Restraint Use Unknown
12. Helmet Worn
13. Helmet Not Worn
14. Helmet Use Unknown



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Airbag
1. Deployed-Front
2. Not Deployed
3. Not Equipped
4. Deployed-Side
5. Deployed-Curtain
6. Deployed-Other (Knee, Air Belt, Etc.)
7. Deployed-Combination
98. Unknown

Condition at Time of Crash
1. Appeared Normal
4. Sick
5. Fatigued or Asleep
7. Medication
10. Physically Disabled
11. Emotional
97. Other
99. Unknown

Driver Distracted By
1. Not Distracted
2. Manually Operating an Electronic Communications Device (Texting, Typing, Dialing)
3. Talking on Hands-Free Electronic Device
4. Talking on Hand-Held Electronic Device
5. Other Activity, Electronic Device (Book Player, Navigation Aid)
6. Passenger
7. Other Activity Inside the Vehicle (Eating, Personal Hygiene)
8. Outside the Vehicle (Includes Unspecified External Distractions)
98. Unknown

Hazardous Action
0. None
1. Speed Too Fast
2. Speed Too Slow
3. Failed to Yield
4. Disregard Traffic Control
5. Drove Wrong Way
6. Drove Left of Center
7. Improper Passing
8. Improper Lane Use
9. Improper Turn
10. Improper / No Signal
11. Improper Backing
12. Unable to Stop in Assured Clear Distance
13. Other
14. Unknown
15. Reckless Driving
16. Careless Driving

Action Prior to Crash
► Driver Action
1. Going Straight Ahead
2. Turning Left
3. Turning Right
4. Stopped on Roadway
5. Involved in Prior Crash at Same Location
6. Changing Lanes
7. Backing
8. Slowing / Stopping on Roadway
9. Slowing / Stopping Other Area
10. Starting Up on Roadway
11. Starting Up in Other Area
12. Entering Parking
13. Leaving Parking
14. Entering Roadway
15. Leaving Roadway
16. Making U-Turn
17. Overtaking or Passing
18. Avoiding Object
19. Avoiding Pedestrian
20. Avoiding Vehicle (Front / Back)
21. Avoiding Vehicle (Angle)
22. Driverless Moving
23. Parked
35. Other
36. Unknown
37. Avoiding Animal
38. Negotiating a Curve
► Pedestrian Action
24. Crossing at Intersection
25. Crossing Not at Intersection
26. Getting On / Off Vehicle
27. In Roadway with Traffic
28. In Roadway Against Traffic
29. Standing / Lying in Roadway
30. Pushing / Working on Vehicle
31. Other Working in Roadway
32. Playing in Roadway
33. In Roadway Other Reason
34. Not in Roadway
35. Other
36. Unknown

Sequence of Events
► Non-Collision
1. Loss of Control
2. Cross Centerline
46. Cross Median
3. Ran Off Roadway - Left
4. Ran Off Roadway - Right
5. Re-enter Roadway
6. Overtum
7. Separation of Units
8. Fire / Explosion
9. Immersion
10. Jackknife
11. Downhill Runaway
12. Cargo Loss / Shift
13. Individual Fell from Vehicle
47. Equipment Failure (Blown Tire, Brake Failure, Etc.)
14. Other Non-Collision
► Collision with Non-Fixed Object
15. Pedestrian
16. Bicyclist
17. Motor Vehicle in Transport*
18. Parked Motor Vehicle

Sequence of Events (cont.)
48. Work Zone / Maintenance Equipment
49. Cargo Falling / Shifting / or Anything Set in Motion (SIM) By a Motor Vehicle
19. Engineer (Railroad / Train)
20. Animal
21. Other Non-Fixed Object
► Collision with Fixed Object
22. Bridge Pier / Support
24. Bridge Rail
50. Bridge Overhead Structure
25. Guardrail Face
26. Guardrail End
51. Cable Barrier
27. Concrete Barrier
28. Traffic Sign / Post
29. Traffic Signal Equipment
30. Utility Pole / Light Support
32. Other Post / Pole / Support
33. Culvert
34. Curb
35. Ditch
36. Embankment
37. Fence
38. Mailbox
39. Tree
40. Railroad Crossing Signal
41. Building
42. Traffic Island
43. Fire Hydrant
44. Impact Attenuator / Crash Cushion
45. Other Fixed Object
* In transport means a motor vehicle in motion or on a roadway.

Injury
K - Fatal Injury: Any injury which results in death
A - Suspected Serious Injury: Any injury other than fatal which prevents normal activities and generally requires hospitalization
B - Suspected Minor Injury: Any minor injury that is evident to others at the scene
C - Possible Injury: Any possible injury that is reported or claimed
O - No Injury: No indication of injury

Special Vehicles
1. Police
2. Fire
3. Bus
4. Ambulance
5. Farm Equipment
6. Construction / Maintenance Equipment
7. Tow Truck / Wrecker

Vehicle Use
1. Private
2. Commercial (Business)
3. In Pursuit / On Emergency
4. Farm
5. School / Education
6. Club / Church

Vehicle Use (cont.)
7. Military
8. Other Government
9. Utility
10. Road Construction / Other Maintenance
11. Other

Vehicle Type
1. Passenger Car, SUV, Van
2. Motor Home
3. Pickup Truck
4. Small Truck (Under 10,000 lbs)
5. Motorcycle
6. Moped / Goped
7. Go-Cart / Golf Cart
8. Snowmobile
9. Off Road Vehicle (ATV Type)
10. Other
11. Truck / Bus

Location of Greatest Damage / First Impact
9. Undercarriage
10. Multiple
11. None
98. Unknown

Extent of Damage
1. No Damage
2. Minor Damage
3. Functional Damage
4. Disabling Damage
98. Unknown

Vehicle Direction
1. North
2. South
3. East
4. West












Private Trailer Type
1. Utility
2. Travel Trailer
3. Boat Trailer
4. Farm Equipment
5. Towed Auto
6. Recreational Double
7. Other

Vehicle Defects
1. Brakes
2. Lights
3. Steering
4. Tires / Rims
5. Windows / Windshield
6. Truck Coupling / Trailer Hitch / Safety Chains
97. Other
















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Vehicle Configuration

1 Passenger Car (Only if Vehicle Has HM Placard) 	7 Truck/Trailer (Single-Unit Truck Pulling a Trailer) 
2 Light Truck (Only if Vehicle Has HM Placard) 	8 Truck Tractor (Bobtail) 
3 Bus (9-15 Seats, Including Driver) 	9 Tractor / Semi Trailer (One Trailer) 
4 Bus (16 or More Seats, Including Driver) 	10 Truck Tractor / Double (Two Trailers) 
5 Single-Unit (2 Axles, 6 Tires) 	11 Truck Tractor / Triple (Three Trailers) 
6 Single-Unit (3 or More Axles) 	99 Unknown Heavy Truck > 10,000 lbs - Unclassified (Not Listed Above)

Cargo Body Type

1 Van / Enclosed Box 	6 Auto Transporter 	11 Log 
2 Cargo Tank 	7 Garbage / Refuse 	12 Vehicle Towing Motor Vehicle 
3 Flat Bed 	8 Grains, Chips, Gravel 	13 Bus (9-15 Seats, Including Driver) 
4 Dump 	9 Pole 	14 Bus (16 or More Seats, Including Driver) 
5 Concrete Mixer 	10 Intermodal Chassis 	15 No Cargo Body 
	97 Other	

Hazardous Materials

CLASS 1 Explosives: Divisions 1.1, 1.2, 1.3, 1.4, 1.5, 1.6 	CLASS 2 Gases: Divisions 2.1, 2.2, 2.3 	CLASS 3 Flammable Liquid and Combustible Liquid 	CLASS 4 Flammable Solid, Spontaneously Combustible, and Dangerous When Wet: Divisions 4.1, 4.2, 4.3 	CLASS 5 Oxidizer; Organic Peroxide: Divisions 5.1 and 5.2 
CLASS 6 Poison (Toxic) Poison Inhalation Hazard, Infectious Substance: Divisions 6.1 and 6.2 	CLASS 7 Radioactive 	CLASS 8 Corrosive 	CLASS 9 Miscellaneous Hazardous Material 	

Endorsements

H. Hazardous	P. Passenger	T. Double/Triple
N. Tank	S. School Bus	X. Tank and Hazardous

Contact Information

For any further questions, please contact the Criminal Justice Information Center at 517-241-1699



New Fields

- **Contributing Circumstances**
- **Work Zone**
- **Driver is Owner**
- **Driver Distracted By**
- **Extent of Damage**
- **Vehicle Configuration**



Contributing Circumstances

MSP UD-10 (Rev. 01/2016) Authority: 1948 PA 200, Sec. 257.622 Compliance Required Penalty: \$100 and/or 90 days Revised April 15, 2014

State of Michigan Traffic Crash Report

ORI: MI		Department Name		Investigator(s)		Badge #		Investigated at Scene <input type="radio"/> Yes <input type="radio"/> No		Reviewer	
Crash Date		Crash Time		No. of Units		Crash Type		Photos <input type="radio"/> Yes <input type="radio"/> No		Total Lanes	
Special Circumstances		Hit and Run		School Bus		Special Checks		Weather		Road Surface Condition	
Rising Police		Unknown		Animal		Replace		Delete		Non-Traffic	
County		City/Town		Aves		Traffic Control		Relation to Roadway		Work Zone-Location	
Prefix		Primary Road Name		Road Type		Suffix		Divided Roadway		N <input type="radio"/> S <input type="radio"/>	
Distance		Direction		North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/>		Trafficway		Speed Limit		Posted <input type="radio"/> Yes <input type="radio"/> No	
Prefix		Intersecting Road Name		Road Type		Suffix		Divided Roadway		N <input type="radio"/> S <input type="radio"/>	
Unit Number		Driver's License State / Number		Date of Birth		Unit Type		Sex		M <input type="radio"/> F <input type="radio"/>	
Name		Street Address		City		State		ZIP		Phone	
Position		Restraint		Airbag		Ejected		Condition at Time of Crash		Driver Distracted By	
Citation		Hazardous		Other		Hazardous Action		Action Prior		Sequence of Events	
Alcohol Suspected		Contributing Factor		Test Type		Breath		Blood		Urine	
Drug Suspected		Contributing Factor		Test Type		Blood		Urine		Test Results	
Vehicle Registration		State		Insurance Company		Policy Number		Towed By		Towed To	
VIN		Year		Make		Model		Color		Special Vehicle / Vehicle Use	
Vehicle Type		Location of Greatest Damage		1st Impact		Extent of Damage		Vehicle Direction		Private Trailer Type	
Passenger Name		Street Address		City		State		ZIP		Phone	
Date of Birth		Position		Restraint		Airbag		Hospital Code		Ambulance Code	
Owner		Uninjured Passenger		Witness		Name		Address		Age	
Reported Date		Reported Time		Damaged Property		Owner & Phone		Public		Yes <input type="radio"/> No <input type="radio"/>	



Contributing Circumstances

- Allows the officer to select two choices.
- These are “external factors” that may have contributed to the crash.
- These are not meant to take blame away from the “at fault driver”.
- Able to capture things that may have only been mentioned in the Remarks section of the current form.

Contributing Circumstances					
1 st	<input type="text"/>	<input type="text"/>	2 nd	<input type="text"/>	<input type="text"/>



Contributing Circumstances

Again, two choices are allowed.

Contributing Circumstances

1. Prior Crash
2. Backup Due to Regular Congestion
3. Backup Due to Other Incident
4. Glare
5. Traffic Control Device
Inoperative, Missing or Obscured
6. Shoulders
(None, Low, Soft, High)
96. None
97. Other
98. Unknown

Contributing Circumstances					
1 st	<input type="text"/>	<input type="text"/>	2 nd	<input type="text"/>	<input type="text"/>



Work Zone

MSP UD-10 (Rev. 01/2018)
Authority: 1948 PA 300, Sec. 257.622
Compliance Required
Penalty: \$100 and/or 90 days

Revised April 15, 2014

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State of Michigan Traffic Crash Report

ORI: MI Department Name: Investigation(s): Badge #: Investigated at: Same ☐ Yes ☐ No
Photos: ☐ Yes ☐ No Reviewer: _____

Crash Date: MM/DD/YYYY HH:MM Crash Time: No. of Units: Crash Type: ☐ Single Motor Vehicle ☐ Head On ☐ Head On/Left Turn ☐ Angle ☐ Backing ☐ Rear End
☐ Rear End/Left Turn ☐ Rear End/Right Turn ☐ Sideswipe/Same ☐ Sideswipe/Opposite ☐ Other ☐ Unknown

Special Circumstances: ☐ None ☐ Hit and Run ☐ School Bus ☐ Special Checks ☐ Fatal ☐ Corrected Copy ☐ Weather: Light Road Surface Condition: Total Lanes: _____
☐ Fleeing Police ☐ Unknown ☐ Adm. ☐ Replace ☐ Delete ☐ Non-Traffic ☐ ORV/Snowmobile

County: City/Twp: Area: Traffic Control: Relation to Roadway: Work Zone-Type: ☐ Const. / Maint. ☐ Utility ☐ Work Zone-Workers Present: ☐ Yes ☐ No ☐ Work Zone-Activity: ☐ Yes ☐ No ☐ Work Zone-Location: ☐ Yes ☐ No ☐ Contributing Circumstances: _____

Prefix: Primary Road Name: Road Type: Suffix: Divided Roadway: ☐ N ☐ S ☐ E ☐ W
Distance: Direction: ☐ North ☐ South ☐ East ☐ West ☐ Beginning of Ramp ☐ End of Ramp Trafficway: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 Speed Limit: _____
Prefix: Intersecting Road Name: Road Type: Suffix: Divided Roadway: ☐ N ☐ S ☐ E ☐ W

Unit / Driver

Unit Number: Drivers License State / Number: Date of Birth: MM/DD/YYYY Unit Type: ☐ MV ☐ B ☐ P ☐ E (Train) Sex: ☐ M ☐ F
Name: Driver Is Owner: ☐ Yes ☐ No License Type: ☐ D ☐ C ☐ M
Street Address: Endorsements: ☐ CY ☐ F ☐ R
City: State: ZIP: Phone: Injury: ☐ K ☐ A ☐ B ☐ C ☐ O

Position: Restraint: Airbag: Ejected: ☐ Condition at Time of Crash: 1st: 2nd: Driver Distracted By: Total Occupants: Hospital Code: Ambulance Code: _____
Citation: ☐ Hazardous ☐ Other Hazardous Action: Action Prior: Sequence of Events (1st = Most Harmful Event): 1st: 2nd: 3rd: 4th: _____

Alcohol Suspected: ☐ Yes ☐ No Contributing Factor: ☐ Yes ☐ No Test Type: ☐ Breath ☐ Blood ☐ Urine Test Results: _____
Drug Suspected: ☐ Yes ☐ No Contributing Factor: ☐ Yes ☐ No Test Type: ☐ Field ☐ PBT ☐ Refused ☐ Not Offered Test Results: _____
Interlock Device: ☐ Yes ☐ No Results Pending: _____

Vehicle

Vehicle Registration: State: Insurance Company: Policy Number: Towed By: Towed To: _____
VIN: Year: Make: Model: Color: Special Vehicle: Vehicle Use: _____

Vehicle Type: Location of Greatest Damage: 1st Impact: Extent of Damage: Vehicle Direction: Private Trailer Type: Vehicle Defect: _____

Passengers

Name: Ejected: ☐ Street Address: Sex: ☐ M ☐ F Trapped: ☐ City: State: ZIP: Phone: Injury: ☐ K ☐ A ☐ B ☐ C ☐ O
Date of Birth: MM/DD/YYYY Position: Restraint: Airbag: Hospital Code: Ambulance Code: _____

Name: Ejected: ☐ Street Address: Sex: ☐ M ☐ F Trapped: ☐ City: State: ZIP: Phone: Injury: ☐ K ☐ A ☐ B ☐ C ☐ O
Date of Birth: MM/DD/YYYY Position: Restraint: Airbag: Hospital Code: Ambulance Code: _____

☐ Owner Name: Address: _____
☐ Uninjured Passenger Phone: Age: Pos. Rest. _____
☐ Witness Name: Address: _____
☐ Owner Name: Address: _____
☐ Uninjured Passenger Phone: Age: Pos. Rest. _____
☐ Witness

Reported Date: Reported Time: Damaged Property: _____
UD-10 SERIAL NUMBER: Serial Override Number: _____ Owner & Phone: _____ / _____ Public: ☐ Yes ☐ No



Work Zone

Work Zone-Type	Work Zone-Workers Present	Work Zone-Activity	Work Zone-Location
<input type="radio"/> Const. / Maint.	<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>
<input type="radio"/> Utility	<input type="radio"/> No	<input type="text"/>	<input type="text"/>

- Work Zone - Type:
 - Construction/Maintenance
 - Utility
- Work Zone – Workers Present:
 - Yes
 - No



Work Zone

Work Zone-Type	Work Zone-Workers Present	Work Zone-Activity	Work Zone-Location
<input type="radio"/> Const. / Maint. <input type="radio"/> Utility	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

- Work Zone – Activity:
 - What type of activity was going on within that construction zone?
- Work Zone – Location:
 - Where, within that construction zone, did the crash occur?



Work Zone

Work Zone-Type	Work Zone-Workers Present	Work Zone-Activity	Work Zone-Location
<input type="radio"/> Const. / Maint.	<input type="radio"/> Yes	<input type="text"/>	<input type="text"/>
<input type="radio"/> Utility	<input type="radio"/> No	<input type="text"/>	<input type="text"/>

Work Zone - Activity

1. Lane Closure
2. Lane Shift / Crossover
3. Work on Shoulder or Median
4. Intermittent or Moving Work
97. Other

Work Zone - Location

1. Before the First Work Zone Warning Sign
2. Between the First and Last Work Zone Warning Sign
3. No Warning Signs



Driver is Owner

MSP UD - 10 (Rev. 01/2016)
Authority: 1949 PA 300, Sec. 257.622
Compliance Required
Penalty: \$100 and/or 90 days

Revised April 15, 2014

State of Michigan Traffic Crash Report

CR: MI Department Name: Investigator(s): Badge #: Invoiced w. Some: Yes No Photos: Yes No Reviewer: Yes No

Crash Date: MM/DD/YYYY HH:MM No. of Units: Crash Type: Single Motor Vehicle Head On Head On/Left Turn Angle Backing Rear End
Rear End/Left Turn Rear End/Right Turn Sideswipe-Same Sideswipe-Opposite Other Unknown

Special Circumstances: None Hit and Run School Bus Special Checks: Fatal Corrected Copy Weather Light Road Surface Condition Total Lanes
Pleading Police Unknown Animal Release Delete Non-Traffic QRV/Snowmobile

County: City/Town Area: Traffic Control: Relation to Roadway: Work Zone-Type: Work Zone-Workers Present Work Zone-Activity Work Zone-Location Contributing Circumstances
Const / Maint Yes No 1+ 2+

Location
Prefix: Primary Road Name Road Type Suffix Divided Roadway: N S E W
Distance: Direction: North South East West Trafficway: 1 2 3 4 5 6 Speed Limit: Posted: Yes No
Prefix: Intersecting Road Name Road Type Suffix Divided Roadway: N S E W

Unit / Driver
Unit Number: Driver's License State / Number: Date of Birth: MM/DD/YYYY Unit Type: MV B P O E T M Sex: M F
Name: Driver is Owner: Yes No Endorsements: OY F R
Street Address: City: State: ZIP: Phone: Injury: K A B C O O

Position: Restraint: Airbag: Ejected: Condition at Time of Crash: 1+ 2+ Driver Distracted By: Total Occupants: Hospital Code: Ambulance Code
Trapped: Hazardous Action: Action Error: Sequence of Events: 1+ 2+ 3+ 4+
Alcohol Suspected: Yes No Contributing Factor: Yes No Test Type: Breath Blood Urine Test Results: Results Pending: Interlock Device: Yes No
Drug Suspected: Yes No Contributing Factor: Yes No Test Type: Breath Blood Urine Test Results: Results Pending: Interlock Device: Yes No
Vehicle Registration: State: Insurance Company: Policy Number: Towed To: VIN: Year: Make: Model: Color: Special Vehicle: Vehicle Use
Vehicle Type: Location of Greatest Damage: 1+ Impact: Extent of Damage: Vehicle Direction: Private Trailer Type: Vehicle Defect: Passengers: Name: Ejected: Sex: M F Trapped: Injury: K A B C O O
Street Address: City: State: ZIP: Phone: Hospital Code: Ambulance Code: Name: Ejected: Sex: M F Trapped: Injury: K A B C O O
Date of Birth: MM/DD/YYYY Position: Restraint: Airbag: Hospital Code: Ambulance Code: Name: Ejected: Sex: M F Trapped: Injury: K A B C O O
Owner: Uninjured Passenger: Witness: Name: Age: Pos. Rest. Address: Owner: Uninjured Passenger: Witness: Name: Age: Pos. Rest. Address: Reported Date: Reported Time: Damaged Property: Owner & Phone: Public: Yes No



Driver is Owner

☐ Driver is Owner

- Added as an easy way to determine if the driver is also the registered owner of the vehicle.
- Beneficial when releasing vehicles from an impound or towing lot.



MSP UD-10 (Rev. 01/2018) Authority: 1949 PA 300, Sec. 257.022 Compliance Required Penalty: \$100 and/or 90 days		Revised April 15, 2014 <h2 style="margin: 0;">State of Michigan Traffic Crash Report</h2>		Incident # _____ File Case _____		Investigated at Scene <input type="radio"/> Yes <input type="radio"/> No	
OR: _____ Department Name _____		Investigator(s) _____		Badge # _____		Photos <input type="radio"/> Yes <input type="radio"/> No	
Crash Date _____ Crash Time _____ No. of Units _____		Crash Type <input type="radio"/> Rear End/Left Turn <input type="radio"/> Rear End/Right Turn <input type="radio"/> Head On/Left Turn <input type="radio"/> Head On/Right Turn <input type="radio"/> Angle <input type="radio"/> Backing <input type="radio"/> Rear End		Weather <input type="radio"/> Clear <input type="radio"/> Rain <input type="radio"/> Snow <input type="radio"/> Fog <input type="radio"/> Other _____		Road Surface Condition <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Ice <input type="radio"/> Other _____	
Special Circumstances <input type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> School Bus <input type="radio"/> Pedaling Police <input type="radio"/> Unknown		Special Checks <input type="radio"/> Replace <input type="radio"/> Corrected Copy <input type="radio"/> Deleted <input type="radio"/> Non-Traffic <input type="radio"/> ORV/Endowable		Work Zone-Activity <input type="radio"/> Work Zone-Location <input type="radio"/> Contributing Circumstances		Total Lanes _____ 1 st _____ 2 nd _____	
County _____ City/Town _____ Area _____ Traffic Control _____ Relation to Roadway _____		Const. / Maint. _____ <input type="radio"/> Yes <input type="radio"/> No		Work Zone-Activity _____ Work Zone-Location _____ Contributing Circumstances _____		1 st _____ 2 nd _____	
Location							
Prefix _____ Primary Road Name _____				Road Type _____ Suffix _____		Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	
Distance _____ Direction _____ <input type="radio"/> Feet <input type="radio"/> Miles <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Beginning of Ramp <input type="radio"/> End of Ramp				Trafficway _____ <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		Speed Limit _____ <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	
Prefix _____ Intersecting Road Name _____				Road Type _____ Suffix _____		Divided Roadway <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	
Unit / Driver							
Unit Number _____ Drivers License State / Number _____ Date of Birth _____				Unit Type <input type="radio"/> Miv <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (Train)		Sex <input type="radio"/> M <input type="radio"/> F	
Name _____				<input type="radio"/> Driver is Owner <input type="radio"/> License Type <input type="radio"/> D <input type="radio"/> C <input type="radio"/> M		Endorsements <input type="radio"/> CY <input type="radio"/> F <input type="radio"/> R	
Street Address _____				Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Occupancy <input type="radio"/> Motorist Code _____ Ambulance Code _____	
City _____ State _____ ZIP _____ Phone _____				Driver Distorted By _____		Sequence of Events (1 = 1st, 2nd, 3rd, 4th)	
Position _____ Restraint _____ Airbag _____ Ejected _____ Condition at Time of Crash _____ <input type="radio"/> Trapped <input type="radio"/>				Hazardous Action _____ Action Prior _____		Test Results _____ <input type="radio"/> Results Pending	
Alcohol Suspected <input type="radio"/> Yes <input type="radio"/> No Contributing Factor <input type="radio"/> Yes <input type="radio"/> No Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine				Test Results _____ <input type="radio"/> Results Pending		Interlock Device <input type="radio"/> Yes <input type="radio"/> No	
Drug Suspected <input type="radio"/> Yes <input type="radio"/> No Contributing Factor <input type="radio"/> Yes <input type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine				Test Results _____ <input type="radio"/> Results Pending		Interlock Device <input type="radio"/> Yes <input type="radio"/> No	
Vehicle							
Vehicle Registration _____ State _____ Insurance Company _____				Policy Number _____		Towed To _____	
VIN _____ Year _____ Make _____ Model _____				Color _____		Special Vehicle <input type="radio"/> Vehicle Use _____	
Vehicle Type _____ Location of Greatest Damage _____ 1 st Impact _____ Extent of Damage _____				Vehicle Direction _____ Private Trailer Type _____		Vehicle Defect _____	
Passengers							
Name _____				Sex <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Trapped <input type="radio"/>		Ejected <input type="radio"/>	
Street Address _____				Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Ambulance Code _____	
City _____ State _____ ZIP _____ Phone _____				Hospital Code _____		Ambulance Code _____	
Date of Birth _____ Position _____ Restraint _____ Airbag _____				Ejected <input type="radio"/>		Ambulance Code _____	
Name _____				Sex <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Trapped <input type="radio"/>		Ejected <input type="radio"/>	
Street Address _____				Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Ambulance Code _____	
City _____ State _____ ZIP _____ Phone _____				Hospital Code _____		Ambulance Code _____	
Date of Birth _____ Position _____ Restraint _____ Airbag _____				Ejected <input type="radio"/>		Ambulance Code _____	
Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness <input type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness <input type="radio"/>				Name _____		Address _____	
Name _____				Age _____ Pos. _____ Rest. _____		Address _____	
Name _____				Age _____ Pos. _____ Rest. _____		Address _____	
Reported Date _____				Reported Time _____		Damaged Property _____	
UD-10 SERIAL NUMBER _____				Serial Owner Number _____		Owner & Phone _____ / _____ Public <input type="radio"/> Yes <input type="radio"/> No	



Driver Distracted By

Driver Distracted By	

- This area should cover just about everything you should NOT be doing while driving.
- Currently we only capture:
 - Driver Distracted
 - Driver Using Cellular Phone



Driver Distracted By

Driver Distracted By

1. Not Distracted
2. Manually Operating an Electronic Communications Device
(Texting, Typing, Dialing)
3. Talking on Hands-Free Electronic Device
4. Talking on Hand-Held Electronic Device
5. Other Activity, Electronic Device
(Book Player, Navigation Aid)
6. Passenger
7. Other Activity Inside the Vehicle
(Eating, Personal Hygiene)
8. Outside the Vehicle
(Includes Unspecified External Distractions)
98. Unknown

Driver Distracted By

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Extent of Damage

MSP UD - 10 (Rev. 01/2016)
 Authority: 1946 PA 300, Sec. 257.622
 Compliance Required
 Penalty: \$100 and/or 90 days

Revised April 15, 2014

State of Michigan Traffic Crash Report

Page: _____ of _____

Incident #: _____

File Class: _____

Investigated w. Some: ☐ Yes ☐ No

Photos: ☐ Yes ☐ No

Reviewer: _____

CR: _____

Department Name: _____

Investigator(s): _____

Badge #: _____

Crash Date: _____

Crash Time: _____

No. of Units: _____

Crash Type: ☐ Single Motor Vehicle ☐ Head On ☐ Head On/Left Turn ☐ Angle ☐ Backing ☐ Rear End

☐ Rear End/Left Turn ☐ Rear End/Right Turn ☐ Sideswipe-Same ☐ Sideswipe-Opposite ☐ Other ☐ Unknown

Special Circumstances: ☐ None ☐ Hit and Run ☐ School Bus

Special Checks: ☐ Fatal ☐ Corrected Copy ☐ Weather ☐ Light ☐ Road Surface Condition ☐ Total Lanes

☐ Replaced ☐ Deleted ☐ Non-Traffic

☐ ORV/Snowmobile

County: _____ City/Town: _____ Area: _____ Traffic Control: _____ Relation to Roadway: _____

Work Zone-Type: _____ Work Zone-Workers Present: _____ Work Zone-Activity: _____ Work Zone-Location: _____ Contributing Circumstances: _____

☐ Const. / Maint. ☐ Yes ☐ No

☐ Utility

Location

Prefix: _____ Primary Road Name: _____ Road Type: _____ Suffix: _____ Divided Roadway: ☐ N ☐ S ☐ E ☐ W

Distance: _____ Direction: ☐ North ☐ South ☐ East ☐ West

☐ Feet ☐ Mile

☐ Beginning of Ramp ☐ End of Ramp

Trafficway: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Speed Limit: _____

Posted: ☐ Yes ☐ No

Prefix: _____ Intersecting Road Name: _____ Road Type: _____ Suffix: _____ Divided Roadway: ☐ N ☐ S ☐ E ☐ W

Unit / Driver

Unit Number: _____ Driver's License State / Number: _____ Date of Birth: _____

Unit Type: ☐ MV ☐ B ☐ P ☐ E (than) Sex: ☐ M ☐ F

Name: _____

Driver's Owner: ☐ Yes ☐ No License Type: ☐ O ☐ C ☐ M

Street Address: _____

Endorsements: ☐ CY ☐ F ☐ R

City: _____ State: _____ ZIP: _____ Phone: _____

Injury: ☐ K ☐ A ☐ B ☐ C ☐ O

Position: _____ Restraint: _____ Airbag: _____ Ejected: ☐ Condition at Time of Crash: ☐ 1+ ☐ 2+ Trapped: ☐ Driver Distracted By: _____

Hazardous Action: _____ Action Error: _____

Sequence of Events: (1 = Most Harmful Event) 1+ _____ 2+ _____ 3+ _____ 4+ _____

Alcohol Suspected: ☐ Yes ☐ No Contributing Factor: ☐ Yes ☐ No Test Type: ☐ Breath ☐ Blood ☐ Urine

Test Results: _____ Results: ☐ Pending ☐ Yes ☐ No

Interlock Device: ☐ Yes ☐ No

Drug Suspected: ☐ Yes ☐ No Contributing Factor: ☐ Yes ☐ No Test Type: ☐ Blood ☐ Urine

Test Results: _____ Results: ☐ Pending ☐ Yes ☐ No

Vehicle

Vehicle Registration: _____ State: _____ Insurance Company: _____ Policy Number: _____

Towed By: _____ Towed To: _____

VIN: _____ Year: _____ Make: _____ Model: _____ Color: _____ Special Vehicle: _____ Vehicle Use: _____

Vehicle Type: _____ Location of Greatest Damage: _____ 1+ Impact: _____ Extent of Damage: _____

Passengers

Name: _____ Ejected: ☐ Street Address: _____ Sex: ☐ M ☐ F Trapped: ☐ City: _____ State: _____ ZIP: _____ Phone: _____ Injury: ☐ K ☐ A ☐ B ☐ C ☐ O

Date of Birth: _____ Position: _____ Restraint: _____ Airbag: _____ Hospital Code: _____ Ambulance Code: _____

Name: _____ Ejected: ☐ Street Address: _____ Sex: ☐ M ☐ F Trapped: ☐ City: _____ State: _____ ZIP: _____ Phone: _____ Injury: ☐ K ☐ A ☐ B ☐ C ☐ O

Date of Birth: _____ Position: _____ Restraint: _____ Airbag: _____ Hospital Code: _____ Ambulance Code: _____

Owner: _____ Name: _____ Address: _____ Age: _____ Pos: _____ Rest: _____

Uninjured Passenger: _____ Name: _____ Address: _____ Age: _____ Pos: _____ Rest: _____

Witness: _____ Name: _____ Address: _____ Age: _____ Pos: _____ Rest: _____

Uninjured Passenger: _____ Name: _____ Address: _____ Age: _____ Pos: _____ Rest: _____

Witness: _____ Name: _____ Address: _____ Age: _____ Pos: _____ Rest: _____

Reported Date: _____ Reported Time: _____ Damaged Property: _____

UD-10 SERIAL NUMBER: _____ Serial Override Number: _____ Owner & Phone: _____ / _____ Public: ☐ Yes ☐ No



Extent of Damage

No longer pictures with a picture scale for damage!



Extent of Damage

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

- Choices are modeled after the ANSI D16 standards for Motor Vehicle Traffic Accidents.



Extent of Damage

Extent of Damage

1. No Damage
2. Minor Damage
3. Functional Damage
4. Disabling Damage
98. Unknown

Extent of Damage

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Minor: Minimal and does not affect the operation of the vehicle. “Cosmetic”

Functional: Not Disabling, but affects the function of the vehicle or its parts.

Disabling: The vehicle is unable to be driven from the scene and requires it to be towed.



Vehicle Configuration

Unit / Driver											
Unit Number				Driver's License State / Number				Date of Birth			
								MM/DD/YYYY			
Name								Unit Type		Sex	
								<input type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (Tran)		<input type="radio"/> M <input type="radio"/> F	
Street Address								<input type="radio"/> Driver is Owner		License Type	
								<input type="radio"/> CY <input type="radio"/> F <input type="radio"/> R		<input type="radio"/> C <input type="radio"/> M	
City				State		Zip		Phone Number		Injury	
										<input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	
Position		Restraint		Airbag		Ejected		Condition at Time of Crash		Driver Distressed By	
								1+ 2+			
Citation Issued				Hazardous Action				Action Prior			
<input type="radio"/> Hazardous <input type="radio"/> Other											
Alcohol Suspected				Contributing Factor		Test Type		Sequence of Events		Total Occupants	
<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered		<input type="radio"/> 1+ <input type="radio"/> 2+ <input type="radio"/> 3+ <input type="radio"/> 4+		Hospital Code	
Drug Suspected				Contributing Factor		Test Type		Test Results		Ambulance Code	
<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered		<input type="radio"/> Results Pending <input type="radio"/> Results Pending		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Interlock Device	
Vehicle											
Vehicle Registration				State		Insurance Company		Policy Number			
VIN				Year		Make		Model		Color	
Vehicle Type				Location of Greatest Damage		1+ Impact		Extent of Damage		Vehicle Direction	
Private Trailer Type				Vehicle Defect							
Passengers											
Name								Sex		Ejected	
								<input type="radio"/> M <input type="radio"/> F		<input type="radio"/> Trapped <input type="radio"/> No	
Street Address				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	
Date of Birth				Position		Restraint		Airbag		Hospital Code	
Name				City		State		Zip		Phone	

Vehicle Configuration

No longer Type and Per Unit!

Type & Axles Per Unit	Second	Third	Fourth

Vehicle Configuration	

- The last page of the UD-10 Guide will have pictures of several configurations.
- Select the number of the configuration that best matches the vehicle involved in the crash.



Vehicle Configuration

Vehicle Configuration



Vehicle Configuration

1 Passenger Car (Only if Vehicle Has HM Placard)



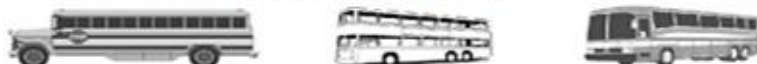
2 Light Truck (Only if Vehicle Has HM Placard)



3 Bus (9-15 Seats, Including Driver)



4 Bus (16 or More Seats, Including Driver)



5 Single-Unit (2 Axles, 6 Tires)



6 Single-Unit (3 or More Axles)



7 Truck/Trailer (Single-Unit Truck Pulling a Trailer)



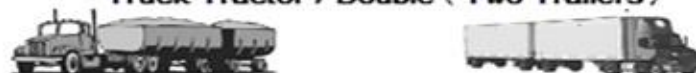
8 Truck Tractor (Bobtail)



9 Tractor / Semi Trailer (One Trailer)



10 Truck Tractor / Double (Two Trailers)



11 Truck Tractor / Triple (Three Trailers)



**99 Unknown Heavy Truck > 10,000 lbs – Unclassified
(Not Listed Above)**

New Values

The revised UD-10 will incorporate new values for certain fields.

- For example, right now you may have 4 values for a field, and with the revision you may have 6 values. The State simply added values to the current list.



- In the future, when new values need to be added, deleted or changed for a field, there will be minimal revisions that need to be made to the UD-10.

Value Numbering

The numbering of the values on the list will be out of order at times. This is due to a couple factors:

- If the numbering was kept sequential, the State and electronic vendors would need to migrate (or change) a lot of historic data.
- Meaning, all the historical data would have to be re-numbered to match the new values.

Condition at Time of Crash

- 1. Appeared Normal
- 4. Sick
- 5. Fatigued or Asleep
- 7. Medication
- 10. Physically Disabled
- 11. Emotional
- 97. Other
- 99. Unknown



The Values “Other” and “Unknown”

- The current value Other/Unknown was split because they truly mean two different things.

The diagram illustrates the process of splitting the 'Other/Unknown' value. On the left, a form titled 'Light (Mark Only One)' contains six radio button options: Daylight, Dawn, Dusk, Dark-Lighted, Dark-Unlighted, and Other/Unknown. The 'Other/Unknown' option is highlighted with a red box. A red arrow points from this box to a second form on the right. This second form, also titled 'Light', contains a numbered list of options: 1. Daylight, 2. Dawn, 3. Dusk, 4. Dark-Lighted, 5. Dark-Unlighted, 97. Other, and 98. Unknown. The '97. Other' and '98. Unknown' options are grouped together and highlighted with a red box.

- If the officer cannot find the appropriate value on the list, they can now select “Other”.
- If the officer is unsure what occurred, they can now select “Unknown”.
- This was done for all fields throughout the form.

New Values at the Crash Level

MSP UD - 10 (Rev. 01/2018)
 Authority: 1949 PA 300, Sec. 257.622
 Compliance Required
 Penalty: \$100 and/or 90 days

Revised April 15, 2014

State of Michigan Traffic Crash Report

Page 1

Incident #

File Class

Investigated at: Some
☐ Yes ☐ No

Photos
☐ Yes ☐ No

Reviewer

ORI: MI

Department Name

Investigator(s)

Badge #

Crash Date

Crash Time

No. of Units

Crash Type

Single Motor Vehicle

Head On

Head On Left Turn

Angle

Backing

Rear End

Rear End Left Turn

Rear End Right Turn

Slowside Same

Slowside Opposite

Other

Unknown

Special Circumstances

Hit and Run

Blind Spot

Special Checks

Recall

Conceal Copy

Weather

Light

Road Surface Condition

Total Lanes

Replaced

Delete

Non-Traffic

ORV/Ensemble

Fleeing Police

Unknown

County

City/Town

Aves

Traffic Control

Relation to Roadway

Work Zone-Type

Work Zone-Workers Present

Work Zone-Activity

Work Zone-Location

Contributing Circumstances

Const. / Maint

Utility

Location

Prefix / Primary Road Name

Road Type

Suffix

Divided Roadway

Distance

Direction

North

South

East

West

Beginning of Ramp

End of Ramp

Trafficway

Speed Limit

Posted

Yes

No

Prefix / Intersecting Road Name

Road Type

Suffix

Divided Roadway

Unit / Driver

Unit Number

Driver's License State / Number

Date of Birth

Unit Type

Sex

Name

Driver is Owner

License Type

Endorsements

City

State

ZIP

Phone

Injury

K

A

B

C

O

Position

Restraint

Airbag

Ejected

Condition at Time of Crash

Driver Distracted By

Total Occupants

Hospital Code

Ambulance Code

Citation

Hazardous

Sequence of Events

Alcohol Suspected

Contributing Factor

Test Type

Blood

Urine

Field

Refused

Not Offered

Test Results

Results Pending

Drug Suspected

Contributing Factor

Test Type

Blood

Urine

Field

Refused

Not Offered

Test Results

Results Pending

Vehicle

Vehicle Registration

State

Insurance Company

Policy Number

Towed By

Towed To

VIN

Year

Make

Model

Color

Special Vehicle

Vehicle Use

Vehicle Type

Location of Greatest Damage

Impact

Extent of Damage

Vehicle Direction

Private Trailer Type

Vehicle Defect

Passengers

Name

Street Address

City

State

ZIP

Phone

Sex

M

F

Injury

K

A

B

C

O

Date of Birth

Position

Restraint

Airbag

Hospital Code

Ambulance Code

Name

Street Address

City

State

ZIP

Phone

Sex

M

F

Injury

K

A

B

C

O

Date of Birth

Position

Restraint

Airbag

Hospital Code

Ambulance Code

Owner

Uninjured Passenger

Witness

Owner

Uninjured Passenger

Witness

Reported Date

Reported Time

Damaged Property

Owner & Phone

Public

Yes

No



Crash Type



New Values at the Crash Level

Crash Type ☐ Single Motor Vehicle ☐ Head On ☐ Head On-Left Turn ☐ Angle ☐ **Backing** ☐ Rear End
☐ Rear End-Left Turn ☐ Rear End-Right Turn ☐ Sideswipe-Same ☐ Sideswipe-Opposite ☐ Other ☐ Unknown

- **Crash Type**
 - This has remained a bubble field, with Backing added as a choice.



New Values at the Crash Level

MSP UD-10 (Rev. 01/2018)
Authority: 1946 PA 200, Sec. 257.622
Compliance Required
Penalty: \$100 and/or 90 days

Revised April 15, 2014

State of Michigan Traffic Crash Report

File # _____

Investigated at: Same ☐ Yes ☐ No

Photos ☐ Yes ☐ No

Reviewer ☐ Yes ☐ No

CR: _____ Department Name _____ Investigator(s) _____ Badge # _____

Crash Date: _____ Crash Time: _____ No. of Units: _____ Crash Type: ☐ Single Motor Vehicle ☐ Head On ☐ Head On Left Turn ☐ Angle ☐ Backing ☐ Rear End

☐ Rear End Left Turn ☐ Rear End Right Turn ☐ Sideswipe-Same ☐ Sideswipe-Opposite ☐ Other ☐ Unknown

Special Circumstances: ☐ None ☐ Hit and Run ☐ School Bus ☐ Fleeting Police ☐ Unknown ☐ Active

County: _____ City/Town: _____ Area: _____ Traffic Control: _____ Relation to Roadway: _____ Work Zone-Type: _____ Work Zone-Workers Present: _____ Work Zone-Activity: _____ Work Zone-Location: _____ Contributing Circumstances: _____

Prefix: _____ Primary Road Name: _____ Road Type: _____ Suffix: _____ Divided Roadway: ☐ N ☐ S ☐ E ☐ W

Distance: _____ Direction: ☐ North ☐ South ☐ East ☐ West ☐ Beginning of Ramp ☐ End of Ramp

Prefix: _____ Intersecting Road Name: _____ Road Type: _____ Suffix: _____ Divided Roadway: ☐ N ☐ S ☐ E ☐ W

Unit / Driver

Unit Number: _____ Driver's License State / Number: _____ Date of Birth: _____ Unit Type: ☐ MV ☐ B ☐ P ☐ E (Train) Sex: ☐ M ☐ F

Name: _____ Driver is Owner: ☐ Yes ☐ No License Type: ☐ D ☐ C ☐ M

Street Address: _____ Endorsements: ☐ CY ☐ F ☐ R

City: _____ State: _____ ZIP: _____ Phone: _____ Injury: ☐ K ☐ A ☐ B ☐ C ☐ O

Position: _____ Restraint: _____ Airbag: _____ Ejected: ☐ Condition at Time of Crash: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

Driver Distracted By: _____ Total Occupants: _____ Hospital Code: _____ Ambulance Code: _____

Citation: ☐ Hazardous ☐ Other

Hazardous Action: _____ Action Prior: _____ Sequence of Events (M = Most Harmful Event): ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

Alcohol Suspected: ☐ Yes ☐ No Contributing Factor: ☐ Yes ☐ No Test Type: ☐ Breath ☐ Blood ☐ Urine Test Results: _____ Interlock Device: ☐ Yes ☐ No

Drug Suspected: ☐ Yes ☐ No Contributing Factor: ☐ Yes ☐ No Test Type: ☐ Field ☐ PBT ☐ Refused ☐ Not Offered Test Results: _____ Results Pending: ☐ Yes ☐ No

Vehicle

Vehicle Registration: _____ State: _____ Insurance Company: _____ Policy Number: _____

Towed By: _____ Towed To: _____

VIN: _____ Year: _____ Make: _____ Model: _____ Color: _____ Special Vehicle: ☐ Vehicle Use: _____

Vehicle Type: _____ Location of Greatest Damage: _____ 1st Impact: _____ Extent of Damage: _____ Vehicle Direction: _____ Private Trailer Type: _____ Vehicle Defect: _____

Passengers

Name: _____ Ejected: ☐ Street Address: _____ Sex: ☐ M ☐ F Trapped: ☐ City: _____ State: _____ ZIP: _____ Phone: _____ Injury: ☐ K ☐ A ☐ B ☐ C ☐ O

Date of Birth: _____ Position: _____ Restraint: _____ Airbag: _____ Hospital Code: _____ Ambulance Code: _____

Name: _____ Ejected: ☐ Street Address: _____ Sex: ☐ M ☐ F Trapped: ☐ City: _____ State: _____ ZIP: _____ Phone: _____ Injury: ☐ K ☐ A ☐ B ☐ C ☐ O

Date of Birth: _____ Position: _____ Restraint: _____ Airbag: _____ Hospital Code: _____ Ambulance Code: _____

Owner: ☐ Owner ☐ Uninjured Passenger ☐ Witness Name: _____ Phone: _____ Age: _____ Pos: _____ Rest: _____ Address: _____

Owner: ☐ Owner ☐ Uninjured Passenger ☐ Witness Name: _____ Phone: _____ Age: _____ Pos: _____ Rest: _____ Address: _____

Reported Date: _____ Reported Time: _____ Damaged Property: _____

Owner & Phone: _____ / _____ Public: ☐ Yes ☐ No

Special Circumstances



New Values at the Crash Level

Special Circumstances	<input type="radio"/> None	<input type="radio"/> Hit and Run	<input type="radio"/> School Bus		
<input type="radio"/> Fleeing Police	<input type="radio"/> Unknown	Animal	<table border="1"><tr><td></td><td></td></tr></table>		

- Special Circumstances
 - This area has remained a bubble field.
 - The deer choice was deleted, and a value box labeled Animal was added.



New Values at the Crash Level

Special Circumstances ☐ None ☐ Hit and Run ☐ School Bus
☐ Fleeing Police ☐ Unknown **Animal**

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Animal

1. Deer
2. Turkey
3. Elk
4. Moose
5. Bear
97. Other
98. Unknown



New Values at the Crash Level

MSP UD-10 (Rev. 01/2018)
Authority: 1946 PA 200, Sec. 237.622
Compliance Required
Penalty: \$100 and/or 90 days

Revised April 15, 2014

State of Michigan Traffic Crash Report

CR: MI Department Name: Investigator(s): Badge # Investigated at Scene: ☐ Yes ☐ No
Photos: ☐ Yes ☐ No Reviewer: ☐ Yes ☐ No

Crash Date: MM/DD/YYYY HH:MM Crash Time (AM/PM): No. of Units: Crash Type: ☐ Single Motor Vehicle ☐ Head On ☐ Head On Left Turn ☐ Angle ☐ Backing ☐ Rear End
☐ Rear End Left Turn ☐ Rear End Right Turn ☐ Sideswipe-Same ☐ Sideswipe-Opposite ☐ Other ☐ Unknown

Special Circumstances: ☐ None ☐ Hit and Run ☐ School Bus ☐ Special Checks ☐ Fatal ☐ Corroded Copy ☐ Weather ☐ Light ☐ Road Surface Condition ☐ Total Losses
☐ Fleeing Police ☐ Unknown ☐ Arrest ☐ Replace ☐ Delete ☐ Non-Traffic ☐ ORV/Snowmobile

County: City/Town: Area: Traffic Control: Relation to Roadway: Work Zone-Type: Work Zone-Workers Present: Work Zone-Activity: Work Zone-Location: Contributing Circumstances: 1st: 2nd:

Prefix: Primary Road Name: Road Type: Suffix: Divided Roadway: ☐ N ☐ S ☐ E ☐ W
Distance: Direction: ☐ North ☐ South ☐ East ☐ West Trafficway: Speed Limit: Posted: ☐ Yes ☐ No
☐ Feet ☐ Mile ☐ Beginning of Ramp ☐ End of Ramp ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Prefix: Intersecting Road Name: Road Type: Suffix: Divided Roadway: ☐ N ☐ S ☐ E ☐ W

Unit / Driver

Unit Number: Driver's License State / Number: Date of Birth: MM/DD/YYYY Unit Type: ☐ MV ☐ B ☐ P ☐ E (Train) Sex: ☐ M ☐ F
Name: ☐ Driver is Owner License Type: ☐ O ☐ C ☐ M
Street Address: Endorsements: ☐ CY ☐ F ☐ R
City: State: ZIP: Phone: Injury: ☐ K ☐ A ☐ B ☐ C ☐ O

Position: Restraint: Airbag: Ejected: ☐ Condition at Time of Crash: 1st: 2nd: Driver Distracted By: Total Occupants: Hospital Code: Ambulance Code:
☐ Trapped ☐ Other

Citation: ☐ Hazardous ☐ Other: Hazardous Action: Action Prior: Sequence of Events (1st = Most Harmful Event): 1st: 2nd: 3rd: 4th:

Alcohol Suspected: ☐ Yes ☐ No Contributing Factor: ☐ Yes ☐ No Test Type: ☐ Breath ☐ Blood ☐ Urine Test Results: ☐ Results Pending: ☐ Interlock Device: ☐ Yes ☐ No
Drug Suspected: ☐ Yes ☐ No Contributing Factor: ☐ Yes ☐ No Test Type: ☐ Field ☐ Blood ☐ Urine Test Results: ☐ Results Pending: ☐ Pending

Vehicle

Vehicle Registration: State: Insurance Company: Policy Number: Towed By: Towed To:
VIN: Year: Make: Model: Color: Special Vehicles: Vehicle Use:

Vehicle Type: Location of Greatest Damage: 1st Impact: Extent of Damage: Vehicle Direction: Private Trailer Type: Vehicle Defect:

Passengers

Name: Ejected: ☐ Street Address: Sex: ☐ M ☐ F Trapped: ☐
City: State: ZIP: Phone: Injury: ☐ K ☐ A ☐ B ☐ C ☐ O
Date of Birth: MM/DD/YYYY Position: Restraint: Airbag: Hospital Code: Ambulance Code:
Name: Ejected: ☐ Street Address: Sex: ☐ M ☐ F Trapped: ☐
City: State: ZIP: Phone: Injury: ☐ K ☐ A ☐ B ☐ C ☐ O
Date of Birth: MM/DD/YYYY Position: Restraint: Airbag: Hospital Code: Ambulance Code:

☐ Owner Name: Address: ☐ Owner Name: Address:
☐ Uninjured Passenger Name: Age: Pos: Rest: ☐ Uninjured Passenger Name: Age: Pos: Rest:
☐ Witness Name: Address: ☐ Witness Name: Address:

Reported Date: Reported Time: Damaged Property: Owner & Phone: / Public: ☐ Yes ☐ No

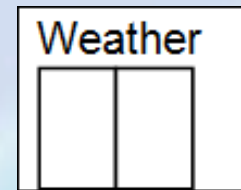
UD-10 SERIAL NUMBER: Serial Override Number:

Weather



New Values at the Crash Level

- Weather was changed from a bubble field to a value field with the following changes:
 - One new weather value was added
 - Several others were split



New Values at the Crash Level

Weather

1. Clear
2. Cloudy
3. Fog
4. Rain
5. Snow
6. Severe Crosswinds
7. Sleet / Hail
8. Blowing Snow
9. Blowing Sand, Soil, Dirt
10. Smoke
98. Unknown

Weather

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New Values at the Crash Level

MSP UD-10 (Rev. 01/2018)
Authority: 1946 PA 200, Sec. 237(2)
Compliance Required
Penalty: \$100 and/or 90 days

Revised April 15, 2014

State of Michigan Traffic Crash Report

CR: [] Department Name [] Investigator(s) [] Badge # []
Crash Date []/ []/ [] Crash Time []: []: [] No. of Units [] Crash Type [] Single Motor Vehicle [] Head On [] Head On Left Turn [] Angle [] Backing [] Rear End
Special Circumstances [] None [] Hit and Run [] School Bus [] Special Checks [] Fatal [] Corrected Copy [] Weather [] Light [] Road Surface Condition [] Traction []
[] Fleeing Police [] Unknown [] Arrest [] Replace [] Delete [] Non-Traffic [] ORV/Snowmobile []

County [] City/Town [] Aves [] Traffic Control [] Relation to Roadway [] Work Zone-Workers Present [] Work Zone-Activity [] Work Zone-Location [] Contributing Circumstances []
[] Const./Maint [] No [] Utility []

Prefix [] Primary Road Name [] Road Type [] Suffix [] Divided Roadway []
Distance [] Direction [] North [] South [] East [] West [] Trafficway [] Speed Limit [] Posted []
Prefix [] Intersecting Road Name [] Road Type [] Suffix [] Divided Roadway []

Unit / Driver
Unit Number [] Drivers License State / Number [] Date of Birth []/ []/ [] Unit Type [] MV [] B [] P [] E (Train) [] Sex [] M [] F
Name [] Driver is Owner [] License Type [] O [] C [] M []
Street Address [] Endorsements [] CY [] F [] R []
City [] State [] ZIP [] Phone [] Injury [] K [] A [] B [] C [] D []
Position [] Restraint [] Airbag [] Ejected [] Condition at Time of Crash [] Driver Distracted By [] Total Occupants [] Hospital Code [] Ambulance Code []
Citation [] Hazardous [] Other [] Hazardous Action [] Action Prior [] Sequence of Events [] (M = Most Harmful Event)
Alcohol Suspected [] Yes [] No [] Contributing Factor [] Yes [] No [] Test Type [] Breath [] Blood [] Urine [] Test Results [] Interlock Device [] Yes [] No []
Drug Suspected [] Yes [] No [] Contributing Factor [] Yes [] No [] Test Type [] Field [] PBT [] Refused [] Not Offered [] Test Results [] Results Pending []

Vehicle
Vehicle Registration [] State [] Insurance Company [] Policy Number []
VIN [] Year [] Make [] Model [] Color [] Special Vehicle [] Vehicle Use []
Vehicle Type [] Location of Greatest Damage [] 1st Impact [] Extent of Damage [] Vehicle Direction [] Private Trailer Type [] Vehicle Defect []

Passengers
Name [] Sex [] M [] F [] Ejected []
Street Address []
City [] State [] ZIP [] Phone [] Injury [] K [] A [] B [] C [] D []
Date of Birth []/ []/ [] Position [] Restraint [] Airbag [] Hospital Code [] Ambulance Code []
Name [] Sex [] M [] F [] Ejected []
Street Address []
City [] State [] ZIP [] Phone [] Injury [] K [] A [] B [] C [] D []
Date of Birth []/ []/ [] Position [] Restraint [] Airbag [] Hospital Code [] Ambulance Code []
Owner [] Uninjured Passenger [] Witness [] Name [] Phone [] Age [] Pos. [] Rest. [] Address []
Owner [] Uninjured Passenger [] Witness [] Name [] Phone [] Age [] Pos. [] Rest. [] Address []
Reported Date [] Reported Time [] Damaged Property []
Owner & Phone [] / [] Public [] Yes [] No []

UD-10 SERIAL NUMBER [] Serial Override Number []

Road Surface Condition



New Values at the Crash Level

- **Road Surface Condition**

- Re-named from Road Condition and changed from a bubble field to a value field.

Road Surface Condition

--	--

- **The following choices were added:**

- Water (Standing/Moving)
- Sand
- Oily



New Values at the Crash Level

Road Surface Condition

1. Dry
2. Wet
3. Ice
4. Snow
5. Mud, Dirt, Gravel
6. Slush
7. Debris
8. Water (Standing / Moving)
9. Sand
10. Oily
97. Other
98. Unknown

Road Surface Condition

--	--



Area

New Values at the Crash Level

Area	

- Area has remained a value field, with the following changes:
 - Freeway, Curved Roadway was added.
 - Intersection, Roundabout was added.



New Values at the Crash Level

Area	
► Freeway	
1. Entrance / Exit Ramp Related	
2. Authorized Median Crossover Related	
3. Transition Area / Increase or Decrease in Travel Lanes	
4. Rest Area Related	
5. Scale / Weigh Station Related	
20. Curved Roadway	
6. All Other Freeway Areas	
► Intersection	
7. Within Intersection	
8. Driveway Related within 150 ft. of Nearest Edge of Intersection	
9. Intersection Related-Other	
21. Roundabout	
► Other Non-Freeway Areas	
10. Straight Roadway Not Related to Other Selections	
11. Curved Roadway Not Related to Other Selections	
12. Driveway Related Not within 150 ft. of Intersection	
13. Parking Related Legal Roadside	
14. Transition Area / Increase or Decrease in Travel Lanes	
15. Median Crossing Related	
16. Railroad Crossing Related	
17. Rest Area Related	
18. Scale / Weigh Station Related	
19. Non-Traffic Area	
97. Other	
98. Unknown	

Area	



Traffic Control

New Values at the Crash Level

- Traffic Control has changed from a bubble field to a value field with only one addition.

Traffic Control	
1.	Signal
2.	Stop Sign
3.	Stop Sign with Flashing Beacon
4.	Yield Sign
96.	None

Traffic Control		



New Values at the Crash Level

MSP UD - 10 (Rev. 01/2016) Authority: 1946 PA 300, Sec. 257.602 Compliance Required Penalty: \$100 and/or 90 days		Revised April 15, 2014		PDF FORM Incident # _____ File Class _____		Investigator's Name <input type="checkbox"/> Yes <input type="checkbox"/> No	
State of Michigan Traffic Crash Report						Photos <input type="checkbox"/> Yes <input type="checkbox"/> No Reviewer <input type="checkbox"/> Yes <input type="checkbox"/> No	
ORI _____ Department Name _____		Investigator(s) _____		Badge # _____		Responder <input type="checkbox"/> Yes <input type="checkbox"/> No	
Crash Date _____ Crash Time _____		No. of Units _____		Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On/Low Turn <input type="radio"/> Angle <input type="radio"/> Backing <input type="radio"/> Rear End		Road Surface Condition _____	
Special Circumstances <input type="checkbox"/> None <input type="checkbox"/> Hit and Run <input type="checkbox"/> School Bus <input type="checkbox"/> Fleeting Police <input type="checkbox"/> Unknown <input type="checkbox"/> Animal _____		Special Checks <input type="checkbox"/> Fatal <input type="checkbox"/> Corroded Copy <input type="checkbox"/> Replace <input type="checkbox"/> Delete <input type="checkbox"/> Non-Traffic <input type="checkbox"/> C/DV Snowmobile _____		Weather _____ Light _____ Road Surface Condition _____ Total Lanes _____		Road Type _____	
County _____ City/Town _____ Area _____ Traffic Control _____		Location _____		Road Type _____ Suffix _____		Divided Roadway <input type="checkbox"/> N <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	
Prefix _____ Primary Road Name _____		Distance _____ Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Beginning of Ramp <input type="radio"/> End of Ramp _____		Trafficway _____ Speed Limit _____		Road Type _____ Suffix _____	
Unit Number _____ Driver's License State/Number _____		Date of Birth _____		Unit Type <input type="radio"/> M/V <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (Train) _____		Sex <input type="radio"/> M <input type="radio"/> F	
Name _____		Street Address _____		Driver's License Type <input type="radio"/> D <input type="radio"/> C <input type="radio"/> M <input type="radio"/> Endorsements <input type="checkbox"/> CY <input type="checkbox"/> F <input type="checkbox"/> R		Position _____ Restraint _____ Airbag _____ Ejected <input type="checkbox"/> Trapped <input type="checkbox"/>	
City _____ State _____ ZIP _____		Phone _____		Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> F <input type="radio"/> O		Total Occupants _____ Hospital Code _____ Ambulance Code _____	
Condition <input type="radio"/> Hazardous <input type="radio"/> Other _____		Hazardous Action _____ Action/Prior _____		Sequence of Events 1st _____ 2nd _____ 3rd _____ 4th _____		Test Results _____ Interlock Device <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Results Pending	
Alcohol Suspected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contributing Factor <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered		Drug Suspected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Contributing Factor <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered		Test Results _____ Results Pending		Vehicle Registration _____ State _____ Insurance Company _____	
VIN _____		Year _____ Make _____ Model _____		Policy Number _____		Towed To _____	
Vehicle Type _____ Location of Greatest Damage _____ 1st Impact _____		Extent of Damage _____ Vehicle Direction _____		Private Trailer Type _____ Vehicle Defect _____		Special Vehicle _____ Vehicle Use _____	
Passengers							
Name _____						Ejected <input type="checkbox"/>	
Street Address _____						Sex <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Trapped <input type="checkbox"/>	
City _____ State _____ ZIP _____		Phone _____		Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> F <input type="radio"/> O		Ambulance Code _____	
Date of Birth _____ Position _____ Restraint _____ Airbag _____		Hospital Code _____		Ambulance Code _____		Ejected <input type="checkbox"/>	
Name _____						Ejected <input type="checkbox"/>	
Street Address _____						Sex <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Trapped <input type="checkbox"/>	
City _____ State _____ ZIP _____		Phone _____		Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> F <input type="radio"/> O		Ambulance Code _____	
Date of Birth _____ Position _____ Restraint _____ Airbag _____		Hospital Code _____		Ambulance Code _____		Address _____	
<input type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness		Name _____ Phone _____		Age _____ Pos. _____ Rest. _____		Address _____	
<input type="radio"/> Owner <input type="radio"/> Uninjured Passenger <input type="radio"/> Witness		Name _____ Phone _____		Age _____ Pos. _____ Rest. _____		Address _____	
Reported Date _____		Reported Time _____		Damaged Property _____			
UD-10 SERIAL NUMBER _____		Serial Override Number _____		Owner & Phone _____ / _____			
Public <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>							

Relation to Roadway



New Values at the Crash Level

- Relation to Roadway was changed from a bubble field to a value field.
- Used to identify the location of the first impact of the crash in relation to the roadway.
- The following choices were added:
 - On-Street Parking
 - Off Roadway (Non-Traffic)
 - Sidewalk
 - Bicycle Lane

Relation to Roadway		



New Values at the Crash Level

Relation to Roadway

1. On the Road
2. Median
3. Shoulder
4. Outside of Shoulder / Curb
5. Gore
6. On-Street Parking
7. Off Roadway (Non-Traffic)
8. Sidewalk
9. Bicycle Lane
98. Unknown

Relation to Roadway

--	--



New Values for Location

MSP UD-10 (Rev. 01/2018)
 Authority: 1949 PA 200, Sec. 257(2)
 Compliance Required
 Penalty: \$100 and/or 90 days

Revised April 15, 2014

State of Michigan Traffic Crash Report

File # _____

Investigated at: Same ☐ Yes ☐ No

Photos ☐ Yes ☐ No

Reviewer _____

CR: _____ Department Name _____ Investigator(s) _____ Badge # _____

Crash Date: _____ Crash Time: _____ No. of Units: _____ Crash Type: ☐ Single Motor Vehicle ☐ Head On ☐ Head On Left Turn ☐ Angle ☐ Backing ☐ Rear End

☐ Rear End Left Turn ☐ Rear End Right Turn ☐ Sideswipe-Same ☐ Sideswipe-Opposite ☐ Other ☐ Unknown

Special Circumstances: ☐ None ☐ Hit and Run ☐ School Bus ☐ Replaced ☐ Fatal ☐ Corroded Copy ☐ Weather: _____ Light: _____ Road Surface Condition: _____ Total Lanes: _____

☐ Fleeing Police ☐ Unknown ☐ Arson ☐ ORV/Snowmobile ☐ Replace ☐ Delete ☐ Non-Traffic

County: _____ City/Town: _____ Aves: _____ Traffic Control: _____ Relation to Roadway: _____ Work Zone-Workers Present: _____ Work Zone-Activity: _____ Work Zone-Location: _____ Contributing Circumstances: _____

☐ Const./Main ☐ No ☐ Utility

Location: _____

Prefix: _____ Primary Road Name: _____ Road Type: _____ Suffix: _____ Divided Roadway: ☐ N ☐ S ☐ E ☐ W

Distance: _____ Direction: ☐ North ☐ South ☐ East ☐ West ☐ Beginning of Ramp ☐ End of Ramp

Trafficway: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Prefix: _____ Intersecting Road Name: _____ Road Type: _____ Suffix: _____ Divided Roadway: ☐ N ☐ S ☐ E ☐ W

Unit / Driver

Unit Number: _____ Drivers License State / Number: _____ Date of Birth: _____ Unit Type: ☐ MV ☐ B ☐ P ☐ E (Train) Sex: ☐ M ☐ F

Name: _____ Driver is Owner: ☐ License Type: ☐ D ☐ C ☐ M

Street Address: _____ Endorsements: ☐ CY ☐ F ☐ R

City: _____ State: _____ ZIP: _____ Phone: _____ Injury: ☐ K ☐ A ☐ B ☐ C ☐ O

Position: _____ Restraint: _____ Airbag: _____ Ejected: ☐ Condition at Time of Crash: ☐ 1 ☐ 2

Driver Distracted By: _____ Total Occupants: _____ Hospital Code: _____ Ambulance Code: _____

Citation: ☐ Hazardous ☐ Other

Hazardous Action: _____ Action Prior: _____ Sequence of Events (M = Most Harmful Event): ☐ 1 ☐ 2 ☐ 3 ☐ 4

Alcohol Suspected: ☐ Yes ☐ No Contributing Factor: ☐ Yes ☐ No Test Type: ☐ Breath ☐ Blood ☐ Urine Test Results: _____ Interlock Device: ☐ Yes ☐ No

Drug Suspected: ☐ Yes ☐ No Contributing Factor: ☐ Yes ☐ No Test Type: ☐ Breath ☐ Blood ☐ Urine Test Results: _____ Results Pending: ☐ Yes ☐ No

Vehicle

Vehicle Registration: _____ State: _____ Insurance Company: _____ Policy Number: _____

Towed By: _____ Towed To: _____

VIN: _____ Year: _____ Make: _____ Model: _____ Color: _____ Special Vehicle: ☐ Vehicle Use: _____

Vehicle Type: _____ Location of Greatest Damage: _____ 1st Impact: _____ Extent of Damage: _____ Vehicle Direction: _____ Private Trailer Type: _____ Vehicle Defect: _____

Passengers

Name: _____ Sex: ☐ M ☐ F Ejected: ☐ Street Address: _____ Trapped: ☐

City: _____ State: _____ ZIP: _____ Phone: _____ Injury: ☐ K ☐ A ☐ B ☐ C ☐ O

Date of Birth: _____ Position: _____ Restraint: _____ Airbag: _____ Hospital Code: _____ Ambulance Code: _____

Name: _____ Sex: ☐ M ☐ F Ejected: ☐ Street Address: _____ Trapped: ☐

City: _____ State: _____ ZIP: _____ Phone: _____ Injury: ☐ K ☐ A ☐ B ☐ C ☐ O

Date of Birth: _____ Position: _____ Restraint: _____ Airbag: _____ Hospital Code: _____ Ambulance Code: _____

☐ Owner ☐ Uninjured Passenger ☐ Witness ☐ Owner ☐ Uninjured Passenger ☐ Witness

Name: _____ Phone: _____ Age: _____ Pos: _____ Rest: _____ Address: _____

Name: _____ Phone: _____ Age: _____ Pos: _____ Rest: _____ Address: _____

Reported Date: _____ Reported Time: _____ Damaged Property: _____

Owner & Phone: _____ / _____ Public: ☐ Yes ☐ No

UD-10 SERIAL NUMBER _____ Serial Override Number: _____

Trafficway



New Values for Location

Trafficway

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

- Trafficway has remained a bubble field, with two additional choices to capture:
 - Non-traffic areas
 - Roads with a continuous left turn lane.



New Values for Location

Trafficway

1. Not Physically Divided (Two-Way Traffic)
2. Divided Highway without Traffic Barrier
3. Divided Highway with Traffic Barrier
4. One-Way Traffic
5. Non-Traffic
6. Two-Way, Not Divided, with a Continuous Left Turn Lane

Trafficway

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6



New Values for Unit/Driver

MSP UD-10 (Rev. 01/2016)
 Authority: 1949 PA 300, Sec. 257.622
 Compliance Required
 Penalty: \$100 and/or 90 days

Revised April 15, 2014

State of Michigan Traffic Crash Report

OR: ☐ Department Name: _____ Investigator(s): _____ Badge #: _____
 Crash Date: Crash Time: No. of Units: Crash Type: ☐ Single Motor Vehicle ☐ Head On ☐ Head On-Left Turn ☐ Angle ☐ Backing ☐ Rear End
☐ Rear End-Left Turn ☐ Rear End-Right Turn ☐ Sideswipe-Same ☐ Sideswipe-Opposite ☐ Other ☐ Unknown
 Special Circumstances: ☐ None ☐ Hit and Run ☐ School Bus ☐ Special Checks ☐ Fatal ☐ Corroded Copy ☐ Weather ☐ Light ☐ Road Surface Condition ☐ Total Lanes
☐ Fleeing Police ☐ Unknown ☐ Animal ☐ Replace ☐ Delete ☐ Non-Traffic ☐ OVI/DWI/Suspense ☐ Const./Maine ☐ Yes ☐ No ☐ Utility ☐ Work Zone-Workers Present ☐ Work Zone-Activity ☐ Work Zone-Location ☐ Contributing Circumstances
 County: City/Twp: Area: Traffic Control: Relation to Roadway: 1st: 2nd:

Prefix: Primary Road Name: Road Type: Suffix: Divided Roadway: ☐ N ☐ S ☐ E ☐ W
 Distance: Direction: ☐ North ☐ South ☐ East ☐ West ☐ Beginning of Ramp ☐ End of Ramp ☐ Trafficway: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ Speed Limit: Posted: ☐ Yes ☐ No
 Prefix: Intersecting Road Name: Road Type: Suffix: Divided Roadway: ☐ N ☐ S ☐ E ☐ W

Unit/Driver
 Unit Number: Driver's License State / Number: Date of Birth: Sex: ☐ M ☐ F
 Name: ☐ Driver's Owner ☐ License Type: ☐ D ☐ C ☐ M ☐ Endorsements: ☐ CY ☐ F ☐ R
 Street Address: City: State: ZIP: Phone: Injury: ☐ K ☐ A ☐ B ☐ C ☐ O
 Position: Restraint: Aired: Ejected: ☐ Condition at Time of Crash: ☐ Driver Distracted By: Total Occupants: Hospital Code: Ambulance Code:
 Citation: ☐ Hazardous ☐ Other ☐ Trapped: ☐ Hazardous Action: Action Error: Sequence of Events: (If = None, Harmful Event)
 Alcohol Suspected: ☐ Yes ☐ No ☐ Controlling Factor: ☐ Yes ☐ No ☐ Test Type: ☐ Breath ☐ Blood ☐ Urine ☐ Test Results: Results: ☐ Pending ☐ Interlock Device: ☐ Yes ☐ No
 Drug Suspected: ☐ Yes ☐ No ☐ Controlling Factor: ☐ Yes ☐ No ☐ Test Type: ☐ Breath ☐ Blood ☐ Urine ☐ Test Results: Results: ☐ Pending ☐ Interlock Device: ☐ Yes ☐ No

Vehicle
 Vehicle Registration: State: Insurance Company: Policy Number:
 Towed By: Towed To:
 VIN: Year: Make: Model: Color: Special Vehicle: Vehicle Use:
 Vehicle Type: Location of Greatest Damage: All Impact: Extent of Damage: Vehicle Direction: Bulb/taillight Type: Vehicle Defect:

Passengers
 Name: Ejected: ☐
 Street Address: Sex: ☐ M ☐ F ☐ Trapped: ☐
 City: State: ZIP: Phone: Injury: ☐ K ☐ A ☐ B ☐ C ☐ O
 Date of Birth: Position: Restraint: Ambulance Code:
 Name: Ejected: ☐
 Street Address: Sex: ☐ M ☐ F ☐ Trapped: ☐
 City: State: ZIP: Phone: Injury: ☐ K ☐ A ☐ B ☐ C ☐ O
 Date of Birth: Position: Restraint: Ambulance Code:
☐ Owner ☐ Uninjured Passenger ☐ Witness ☐ Owner ☐ Uninjured Passenger ☐ Witness
 Name: Address:
 Phone: Age: Pos: Rest:
 Name: Address:
 Phone: Age: Pos: Rest:
 Reported Date: Reported Time: Damaged Property:
 Serial Override Number: Owner & Phone: / Public: ☐ Yes ☐ No

UD-10 SERIAL NUMBER

Injury



New Values for Unit/Driver

Injury

K - Fatal Injury:

Any injury which results in death

A - Suspected Serious Injury:

Any injury other than fatal which prevents normal activities and generally requires hospitalization

B - Suspected Minor Injury:

Any minor injury that is evident to others at the scene

C - Possible Injury:

Any possible injury that is reported or claimed

O - No Injury:

No indication of injury

- Injury

- The coding has remained the same (KABCO).
- The definitions have also remained the same.
- A Injuries have been renamed to Suspected Serious Injury.
- B Injuries have been renamed to Suspected Minor Injury.



Injury

☐ K

☐ A

☐ B

☐ C

☐ O

New Values for Unit/Driver

Position



MSP UD - 10 (Rev. 01/2018) Authority: 1946 PA 200, Sec. 257.622 Compliance Required Penalty: \$100 and/or 90 days		Revised April 15, 2014		State of Michigan Traffic Crash Report		Form # UD-10	
OR: MI		Department Name		Investigator(s)		Badge #	
Crash Date		Crash Time		No. of Units		Crash Type	
Special Circumstances		Special Checks		Weather		Road Surface Condition	
County		City/Town		Avenue		Traffic Control	
Prefix		Primary Road Name		Road Type		Suffix	
Distance		Direction		Trafway		Speed Limit	
Prefix		Intersecting Road Name		Road Type		Suffix	
Unit Number		Driver's License State / Number		Date of Birth		Unit Type	
Name		Street Address		City		State	
Position		Restraint		Airbag		Ejected	
Condition at Time of Crash		Driver Distracted By		Total Occupants		Hospital Code	
Citation		Hazardous Action		Action Prior		Sequence of Events	
Alcohol Suspected		Contributing Factor		Test Type		Test Results	
Drug Suspected		Contributing Factor		Test Type		Test Results	
Vehicle Registration		State		Insurance Company		Policy Number	
VIN		Year		Make		Model	
Vehicle Type		Location of Greatest Damage		1st Impact		Extent of Damage	
Name		Street Address		City		State	
Date of Birth		Position		Restraint		Airbag	
Name		Street Address		City		State	
Date of Birth		Position		Restraint		Airbag	
Owner		Name		Phone		Age	
Uninjured Passenger		Name		Phone		Age	
Witness		Name		Phone		Age	
Reported Date		Reported Time		Damaged Property		Owner & Phone	
UD-10 SERIAL NUMBER		Serial Overlap Number		Owner & Phone		Public	



New Values for Unit/Driver

Position

- B** Bicyclist
- P** Pedestrian
- E** Engineer (Railroad / Train)



- 13. Sleeper Section
- 14. Other Enclosed Passenger / Cargo Area
- 15. Other Unenclosed Passenger / Cargo Area
- 16. Riding In / On Trailing Unit
- 17. Riding On Vehicle Exterior
- 98. Unknown

► Motorcycles, Snowmobiles, Etc. (In-Line Seating)

- 1. Driver
- 4. Passenger One
- 7. Passenger Two
- 15. Other Unenclosed Passenger / Cargo Area

• Position

- A 4th Row was added to provide for three more seating positions. (12 total)

Position



Restraint

MSP UD - 10 (Rev. 01/2018) Authority: 1949 PA 300, Sec. 257.622 Compiler: Required Penalty: \$100 and/or 90 days		Revised April 15, 2014		Page # Incident # 	
State of Michigan Traffic Crash Report					
ORI MI		Department Name 		Investigator(s) 	
Crash Date MM/DD/YYYY		Crash Time HH:MM		No. of Units 	
Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On/Left Turn <input type="radio"/> Angle <input type="radio"/> Backing <input type="radio"/> Rear End					
Special Circumstances: <input type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> School Bus <input type="radio"/> Special Checks <input type="radio"/> Fatal <input type="radio"/> Corrected Copy <input type="radio"/> Weather <input type="radio"/> Light <input type="radio"/> Road Surface Condition <input type="radio"/> Total Lanes					
<input type="radio"/> Fleeting Police <input type="radio"/> Unknown <input type="radio"/> Airline <input type="radio"/> Replace <input type="radio"/> Delete <input type="radio"/> Non-Traffic <input type="radio"/> ORV/Snowmobile					
County 		City/Town 		Aves 	
Traffic Control 		Relation to Roadway 		Work Zone-Type 	
Const. / Maint. 		Work Zone-Workers Present 		Work Zone-Activity 	
Utility 		Yes 		Work Zone-Location 	
Contributing Circumstances 		1+ 		2+ 	
Location					
Prefix / Primary Road Name 				Road Type 	
Distance 				Divided Roadway 	
Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/> Beginning of Ramp <input type="radio"/> End of Ramp				Posted 	
Trafficway 				Speed Limit 	
Prefix / Intersecting Road Name 				Divided Roadway 	
Road Type 				Suffix 	
Unit / Driver					
Unit Number 		Driver's License State / Number 		Date of Birth MM/DD/YYYY	
Unit Type 		Sex 		MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> O <input type="radio"/> E (Train) <input type="radio"/> M <input type="radio"/> F	
Name 		Driver is Owner <input type="radio"/>		License Type 	
Street Address 		Endorsements 		CY <input type="radio"/> F <input type="radio"/> R	
City 		State 		ZIP 	
Phone 		Injury 		K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	
Driver Distracted By 		Total Occupants 		Hospital Code 	
Hazardous Action 		Ambulance Code 		Sequence of Events (1+ Most Harmful Event)	
Action Error 		1+ 		2+ 	
3+ 		4+ 		5+ 	
Test Results 		Intoxec Device 		Yes <input type="radio"/> No <input type="radio"/>	
Test Results 					



New Values for Unit/Driver

Restraint Use

1. No Belts Available
2. Shoulder Belt Only Used
3. Lap Belt Only
4. Shoulder and Lap Belt
5. No Belts Used
6. Child Restraint System – Forward Facing
7. Child Restraint Not Used or Improperly Used
8. Child Restraint System – Rear Facing
9. Child Restraint System – Booster Seat
10. Restraint Failure
11. Restraint Use Unknown
12. Helmet Worn
13. Helmet Not Worn
14. Helmet Use Unknown

- The Child Restraint choices were expanded to include:

- Forward Facing
- Rear Facing
- Booster Seat

Restraint

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New Values for Unit/Driver

MSP UD-10 (Rev. 01/2018)
Authority: 1949 PA 300, Sec. 257.622
Compliance Required
Penalty: \$100 and/or 90 days

Revised April 15, 2014

State of Michigan Traffic Crash Report

Page 1 of 1

Department Name: _____ Investigator(s): _____ Badge #: _____

Crash Date: _____ Crash Time: _____ No. of Units: _____ Crash Type: _____

Special Circumstances: _____

County: _____ City/Town: _____ Area: _____ Traffic Control: _____ Relation to Roadway: _____

Location: _____

Unit / Driver

Unit Number: _____ Driver's License State / Number: _____ Date of Birth: _____ Unit Type: _____ Sex: _____

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Driver's License: _____

Condition at Time of Crash: _____

Driver Distracted By: _____

Injury: _____

Total Occupants: _____ Hospital Code: _____ Ambulance Code: _____

Sequence of Events: _____

Test Results: _____

Vehicle

Vehicle Registration: _____ State: _____ Insurance Company: _____ Policy Number: _____

Towed By: _____ Towed To: _____

VIN: _____ Year: _____ Make: _____ Model: _____ Color: _____ Special Vehicle: _____ Vehicle Use: _____

Vehicle Type: _____ Location of Greatest Damage: _____ 1st Impact: _____ Extent of Damage: _____ Vehicle Direction: _____ Private Trailer Type: _____ Vehicle Defect: _____

Passengers

Name: _____ Elected: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Date of Birth: _____ Position: _____ Restraint: _____ Airbag: _____ Hospital Code: _____ Ambulance Code: _____

Name: _____ Elected: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Date of Birth: _____ Position: _____ Restraint: _____ Airbag: _____ Hospital Code: _____ Ambulance Code: _____

Owner: _____ Name: _____ Age: _____ Pos: _____ Rest: _____

Witness: _____ Name: _____ Age: _____ Pos: _____ Rest: _____

Owner: _____ Name: _____ Age: _____ Pos: _____ Rest: _____

Witness: _____ Name: _____ Age: _____ Pos: _____ Rest: _____

Reported Date: _____ Reported Time: _____ Damaged Property: _____

UD-10 SERIAL NUMBER: _____ Serial Override Number: _____ Owner & Phone: _____ / _____ Public: _____ Yes _____ No _____

Airbag



New Values for Unit/Driver

- Airbag has changed from a bubble field to a value field with several additions to capture the current types of deployment.

Airbag	
1.	Deployed-Front
2.	Not Deployed
3.	Not Equipped
4.	Deployed-Side
5.	Deployed-Curtain
6.	Deployed-Other (Knee, Air Belt, Etc.)
7.	Deployed-Combination
98.	Unknown

Airbag	



New Values for Unit/Driver

MSP UD-10 (Rev. 01/2018)
Authority: 1949 PA 300, Sec. 257.622
Compliance Required
Penalty: \$100 and/or 90 days

Revised April 15, 2014

State of Michigan Traffic Crash Report

OR# [] Department Name [] Investigator(s) [] Badge # []
 Crash Date [MM][DD][YY] Crash Time [HH][MM] No. of Units [] Crash Type [] Single Motor Vehicle [] Head On [] Head On/Left Turn [] Angle [] Backing [] Rear End
 Special Circumstances [] None [] Hit and Run [] School Bus [] Special Checks [] Fatal [] Corrected Copy [] Weather [] Light [] Road Surface Condition [] Total Lanes []
 [] Fleeing Police [] Unknown [] Artime [] Replace [] Delete [] Non-Traffic [] ORV/Snowmobile []
 County [] City/Town [] Area [] Traffic Control [] Relation to Roadway [] Work Zone-Type [] Work Zone-Workers Present [] Work Zone-Activity [] Work Zone-Location [] Contributing Circumstances []
 Const./Maint [] Yes [] No [] Utility []

Prefix [] Primary Road Name [] Location [] Road Type [] Suffix [] Divided Roadway []
 Distance [] Direction [] North [] South [] East [] West [] Trafficway [] Speed Limit [] Posted []
 Prefix [] Intersecting Road Name [] Road Type [] Suffix [] Divided Roadway []
 N [] S [] E [] W []

Unit / Driver

Unit Number [] Driver's License State / Number [] Date of Birth [MM][DD][YY] Unit Type [] M/V [] B [] P [] E (Train) [] Sex [] M [] F
 Name [] Driver is Owner [] License Type [] D [] C [] M []
 Street Address [] Endorsements [] CY [] F [] R []
 City [] State [] ZIP [] Phone [] Injury [] K [] A [] B [] C [] O []
 Position [] Restraint [] Airbag [] Condition at Time of Crash [] Driver Distracted By [] Total Occupants [] Hospital Code [] Ambulance Code []
 Citation [] Hazardous [] Other [] Hazardous Action [] Action Prior [] Sequence of Events [] (All = Most Hazardous Event)
 Alcohol Suspected [] Contributing Factor [] Test Type [] Breath [] Blood [] Urine [] Test Results [] Interlock Device []
 Drug Suspected [] Contributing Factor [] Test Type [] Field [] PBT [] Refused [] Not Offered [] Test Results [] Results Pending []

Vehicle

Vehicle Registration [] State [] Insurance Company [] Policy Number []
 VIN [] Year [] Make [] Model [] Color [] Special Vehicle [] Vehicle Use []
 Vehicle Type [] Location of Greatest Damage [] 1st Impact [] Extent of Damage [] Vehicle Direction [] Private Trailer Type [] Vehicle Defect []

Passengers

Name [] Ejected []
 Street Address [] Sex [] M [] F [] Trapped []
 City [] State [] ZIP [] Phone [] Injury [] K [] A [] B [] C [] O []
 Date of Birth [MM][DD][YY] Position [] Restraint [] Airbag [] Hospital Code [] Ambulance Code []
 Name [] Ejected []
 Street Address [] Sex [] M [] F [] Trapped []
 City [] State [] ZIP [] Phone [] Injury [] K [] A [] B [] C [] O []
 Date of Birth [MM][DD][YY] Position [] Restraint [] Airbag [] Hospital Code [] Ambulance Code []

Owner [] Uninjured Passenger [] Witness []
 Owner [] Uninjured Passenger [] Witness []
 Reported Date [] Reported Time [] Damaged Property []
 UD-10 SERIAL NUMBER [] Serial Overlay Number [] Owner & Phone [] / [] Public [] Yes [] No []

Condition
at Time of
Crash



New Values for Unit/Driver

- Condition at Time of Crash was previously called Driver Condition and has been changed from a bubble field to a value field.
- This field allows the officer to choose up to two values for each driver.

Condition at Time of Crash					
1 st	<input type="text"/>	<input type="text"/>	2 nd	<input type="text"/>	<input type="text"/>



New Values for Unit/Driver

Condition at Time of Crash					
1st	<input type="text"/>	<input type="text"/>	2nd	<input type="text"/>	<input type="text"/>

Condition at Time of Crash

1. Appeared Normal
4. Sick
5. Fatigued or Asleep
7. Medication
10. Physically Disabled
11. Emotional
97. Other
99. Unknown

- **Condition at Time of Crash**
 - Had Been Drinking and Illegal Drug Use were both removed and added under their respective sections.
 - Driver Distracted was removed and added as a new field.
 - Driver Using Cell Phone was removed and added under Driver Distracted By.



New Values for Unit/Driver

[illegible]

Hospital and Ambulance



New Values for Unit/Driver

- **HOSPITAL**

- Other was added.

Hospital Code					

- **AMBULANCE**

- Law Enforcement
and Other were added.

Ambulance Code					



New Values for Unit/Driver



Citation

MSP UD-10 (Rev. 01/2016) Authority: 1949 PA 300, Sec. 287.622 Compliance Required Penalty: \$100 and/or 90 days		Revised April 15, 2014		Page <input type="text"/> of <input type="text"/>	
State of Michigan Traffic Crash Report					
ORI <input type="text"/>	Department Name <input type="text"/>		Investigator(s) <input type="text"/>		Badge # <input type="text"/>
Crash Date <input type="text"/>		Crash Time <input type="text"/>	No. of Units <input type="text"/>	Crash Type <input type="text"/>	
Special Circumstances <input type="text"/>		Special Checks <input type="text"/>		Weather <input type="text"/>	
County <input type="text"/>		City/Town <input type="text"/>	State <input type="text"/>	Traffic Control <input type="text"/>	
Prefix <input type="text"/>		Primary Road Name <input type="text"/>		Road Type <input type="text"/>	
Direction <input type="text"/>		Trafway <input type="text"/>		Divided Roadway <input type="text"/>	
Distance <input type="text"/>		Beginning of Ramp <input type="text"/>		Posted <input type="text"/>	
Prefix <input type="text"/>		Intersection Road Name <input type="text"/>		Road Type <input type="text"/>	
Unit Number <input type="text"/>		Driver's License State / Number <input type="text"/>		Date of Birth <input type="text"/>	
Name <input type="text"/>		Unit Type <input type="text"/>		Sex <input type="text"/>	
Street Address <input type="text"/>		Driver is Owner <input type="text"/>		License Type <input type="text"/>	
City <input type="text"/>		State <input type="text"/>		ZIP <input type="text"/>	
Position <input type="text"/>		Residence <input type="text"/>		Elected <input type="text"/>	
Condition at Time of Crash <input type="text"/>		Phone <input type="text"/>		Injury <input type="text"/>	
Citation <input type="text"/>		Hazardous Action <input type="text"/>		Signature <input type="text"/>	
Alcohol Suspected <input type="text"/>		Contributing Factor <input type="text"/>		Test Type <input type="text"/>	
Yes <input type="text"/>		No <input type="text"/>		Field <input type="text"/>	
Refused <input type="text"/>		Blood <input type="text"/>		Urine <input type="text"/>	
Not Offered <input type="text"/>		Test Results <input type="text"/>		Interlock Device <input type="text"/>	
Yes <input type="text"/>		No <input type="text"/>		Results Pending <input type="text"/>	
Insurance Company <input type="text"/>		Policy Number <input type="text"/>		Towed To <input type="text"/>	
Towed By <input type="text"/>		Year <input type="text"/>		Make <input type="text"/>	
Model <input type="text"/>		Color <input type="text"/>		Vehicles <input type="text"/>	
Type <input type="text"/>		of Greatest Damage <input type="text"/>		Direction <input type="text"/>	
Passenger's Name <input type="text"/>		Street Address <input type="text"/>		City <input type="text"/>	
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Date of Birth <input type="text"/>		Sex <input type="text"/>		Elected <input type="text"/>	

New Values for Unit/Driver

- Citation is still a bubble field with a free text area, but now has a dedicated line to record both Hazardous and Other.

Citation	
<input type="radio"/> Hazardous	_____
<input type="radio"/> Other	_____



New Values for Unit/Driver

MSP UD-10 (Rev. 01/2018)
 Authority: 1949 PA 300, Sec. 257.622
 Compliance Required
 Penalty: \$100 and/or 90 days

Revised April 15, 2014

State of Michigan Traffic Crash Report

OR: MI Department Name: Investigation(s): Badge #: Injured at Scene: ☐ Yes ☐ No
 Photos: ☐ Yes ☐ No Reviewer: ☐ Yes ☐ No

Crash Date: MM/DD/YYYY HH:MM Crash Time: No. of Units: Crash Type: ☐ Single Motor Vehicle ☐ Head On ☐ Head On/Left Turn ☐ Angle ☐ Backing ☐ Rear End
☐ Rear End/Left Turn ☐ Rear End/Right Turn ☐ Sideswipe/Same ☐ Sideswipe/Opposite ☐ Other ☐ Unknown

Special Circumstances: ☐ None ☐ Hit and Run ☐ School Bus ☐ Special Checks: ☐ Fatal ☐ Corrected Copy ☐ Weather: ☐ Light ☐ Road Surface Condition: ☐ Total Lanes: ☐ Replace ☐ Delete ☐ Non-Traffic ☐ ORV/Snowmobile

County: City/Twp: Area: Traffic Control: Relation to Roadway: Work Zone-Type: ☐ Const./Maint ☐ Utility ☐ Yes ☐ No Work Zone-Workers Present: Work Zone-Activity: Work Zone-Location: Contributing Circumstances: 1: 2:

Location: Prefix: Primary Road Name: Road Type: Suffix: Divided Roadway: ☐ N ☐ S ☐ E ☐ W
 Distance: Direction: ☐ North ☐ South ☐ East ☐ West Trafficway: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 Speed Limit: Posted: ☐ Yes ☐ No
 Prefix: Intersecting Road Name: Road Type: Suffix: Divided Roadway: ☐ N ☐ S ☐ E ☐ W

Unit / Driver

Unit Number: Drivers License State / Number: Date of Birth: MM/DD/YYYY Unit Type: ☐ MV ☐ B ☐ P ☐ E (Train) Sex: ☐ M ☐ F
 Name: ☐ Driver is Owner License Type: ☐ D ☐ C ☐ M Endorsements: ☐ CY ☐ F ☐ R
 Street Address: City: State: ZIP: Phone: Injury: ☐ K ☐ A ☐ B ☐ C ☐ O
 Position: Restraint: Airbag: Ejected: Condition at Time of Crash: 1: 2: Driver Disturbed By: Total Occupants: Hospital Code: Ambulance Code:
 Citation: ☐ Hazardous ☐ Other: Hazardous Action: ☐ Action Prior: ☐ Substance of Events (M = Most Harmful Event)

Alcohol Suspected: ☐ Yes ☐ No Contributing Factor: ☐ Yes ☐ No Test Type: ☐ Breath ☐ Blood ☐ Urine Test Results: ☐ Results Pending: ☐ Interlock Device: ☐ Yes ☐ No
 Drug Suspected: ☐ Yes ☐ No Contributing Factor: ☐ Yes ☐ No Test Type: ☐ Field ☐ PBT ☐ Refused ☐ Not Offered Test Results: ☐ Results Pending: ☐ Pending

Vehicle

Vehicle Registration: State: Insurance Company: Policy Number: Towed By: Towed To:
 VIN: Year: Make: Model: Color: Special Vehicle: Vehicle Use:
 Vehicle Type: Location of Greatest Damage: 1st Impact: Extent of Damage: Vehicle Direction: Private Trailer Type: Vehicle Defect:

Passengers

Name: Street Address: City: State: ZIP: Phone: Sex: ☐ M ☐ F Ejected: ☐ Trapped: ☐
 Date of Birth: MM/DD/YYYY Position: Restraint: Airbag: Hospital Code: Ambulance Code:
 Name: Street Address: City: State: ZIP: Phone: Sex: ☐ M ☐ F Ejected: ☐ Trapped: ☐
 Date of Birth: MM/DD/YYYY Position: Restraint: Airbag: Hospital Code: Ambulance Code:
☐ Owner ☐ Uninjured Passenger ☐ Witness Name: Age: Pos: Rest: Address:
☐ Owner ☐ Uninjured Passenger ☐ Witness Name: Age: Pos: Rest: Address:
 Reported Date: Reported Time: Damaged Property: Owner & Phone: / Public: ☐ Yes ☐ No

UD-10 SERIAL NUMBER: Serial Overlap Number: Public: ☐ Yes ☐ No

Action Prior



New Values for Unit/Driver

Action Prior	

- The Action Prior value field is used to capture the action just prior to the crash or most harmful event.
- One new value has been added under Driver Action.



New Values for Unit/Driver

Action Prior to Crash

► Driver Action

1. Going Straight Ahead
2. Turning Left
3. Turning Right
4. Stopped on Roadway
5. Involved in Prior Crash at Same Location
6. Changing Lanes
7. Backing
8. Slowing / Stopping on Roadway
9. Slowing / Stopping Other Area
10. Starting Up on Roadway
11. Starting Up in Other Area
12. Entering Parking
13. Leaving Parking
14. Entering Roadway
15. Leaving Roadway
16. Making U-Turn
17. Overtaking or Passing
18. Avoiding Object
19. Avoiding Pedestrian
20. Avoiding Vehicle (Front / Back)
21. Avoiding Vehicle (Angle)
22. Driverless Moving
23. Parked
35. Other
36. Unknown
37. Avoiding Animal
38. Negotiating a Curve

► Pedestrian Action

24. Crossing at Intersection
25. Crossing Not at Intersection
26. Getting On / Off Vehicle
27. In Roadway with Traffic
28. In Roadway Against Traffic
29. Standing / Lying in Roadway
30. Pushing / Working on Vehicle
31. Other Working in Roadway
32. Playing in Roadway
33. In Roadway Other Reason
34. Not in Roadway
35. Other
36. Unknown

Action Prior

--	--



New Values for Unit/Driver

[illegible]

Sequence of events



New Values for Unit/Driver

Sequence of Events

► Non-Collision

1. Loss of Control
2. Cross Centerline
46. Cross Median
3. Ran Off Roadway - Left
4. Ran Off Roadway - Right
5. Re-enter Roadway
6. Overturn
7. Separation of Units
8. Fire / Explosion
9. Immersion
10. Jackknife
11. Downhill Runaway
12. Cargo Loss / Shift
13. Individual Fell from Vehicle

► Equipment Failure (Blown Tire, Brake Failure, Etc.)

► Collision with Non-Fixed Object

15. Pedestrian
16. Bicyclist
17. Motor Vehicle in Transport*
18. Parked Motor Vehicle

Sequence of Events (M = Most Harmful Event)

1st			2nd			3rd			4th		
(M)			(M)			(M)			(M)		

- Sequence of Events remains a value field with two additions under Non-Collision:
 - Cross Median
 - Equipment Failure



New Values for Unit/Driver

Sequence of Events (cont.)

- 48. Work Zone / Maintenance Equipment
- 49. Cargo Falling / Shifting / or Anything Set in Motion (SIM) By a Motor Vehicle
- 19. Engineer (Railroad / Train)
- 20. Animal
- 21. Other Non-Fixed Object
- Collision with Fixed Object
- 22. Bridge Pier / Support
- 24. Bridge Rail
- 50. Bridge Overhead Structure
- 25. Guardrail Face
- 26. Guardrail End
- 51. Cable Barrier
- 27. Concrete Barrier
- 28. Traffic Sign / Post
- 29. Traffic Signal Equipment
- 30. Utility Pole / Light Support
- 32. Other Post / Pole / Support
- 33. Culvert
- 34. Curb
- 35. Ditch
- 36. Embankment
- 37. Fence
- 38. Mailbox
- 39. Tree
- 40. Railroad Crossing Signal
- 41. Building
- 42. Traffic Island
- 43. Fire Hydrant
- 44. Impact Attenuator / Crash Cushion
- 45. Other Fixed Object

** In transport means a motor vehicle in motion or on a roadway.*

Sequence of Events (M = Most Harmful Event)

1 st			2 nd			3 rd			4 th		
(M)			(M)			(M)			(M)		

Two additions under Collision with Non-Fixed Object:

- Work Zone Maint./Const. Equip.
- Cargo Falling/Shifting/or Set in Motion by another vehicle.



New Values for Unit/Driver

Sequence of Events (cont.)

- 48. Work Zone / Maintenance Equipment
- 49. Cargo Falling / Shifting / or Anything Set in Motion (SIM) By a Motor Vehicle
- 19. Engineer (Railroad / Train)
- 20. Animal
- 21. Other Non-Fixed Object
- Collision with Fixed Object
- 22. Bridge Pier / Support
- 24. Bridge Rail
- 50. Bridge Overhead Structure
- 25. Guardrail Face
- 26. Guardrail End
- 51. Cable Barrier
- 27. Concrete Barrier
- 28. Traffic Sign / Post
- 29. Traffic Signal Equipment
- 30. Utility Pole / Light Support
- 32. Other Post / Pole / Support
- 33. Culvert
- 34. Curb
- 35. Ditch
- 36. Embankment
- 37. Fence
- 38. Mailbox
- 39. Tree
- 40. Railroad Crossing Signal
- 41. Building
- 42. Traffic Island
- 43. Fire Hydrant
- 44. Impact Attenuator / Crash Cushion
- 45. Other Fixed Object

* In transport means a motor vehicle in motion or on a roadway.

1 st		2 nd		3 rd		4 th	
(M)		(M)		(M)		(M)	

- Sequence of Events also added two additional choices under Collision with Fixed Object.

- Bridge Overhead Structure
- Cable Barrier



New Values for Unit/Driver

MSP UD - 10 (Rev. 01/2018)
Authority: 1946 PA 200, Sec. 237.622
Compliance Required
Penalty: \$100 and/or 90 days

Revised April 15, 2014

State of Michigan Traffic Crash Report

File # _____

Investigator's Name _____

Department Name _____

Investigator's Badge # _____

Crash Date: MM/DD/YYYY HH:MM

Crash Time: AM/PM

No. of Units: _____

Crash Type: ☐ Single Motor Vehicle ☐ Head On ☐ Head On Left Turn ☐ Angle ☐ Backing ☐ Rear End

Special Circumstances: ☐ None ☐ Hit and Run ☐ School Bus ☐ Reeling Police ☐ Unknown ☐ Arrest

Special Checks: ☐ Fatal ☐ Corroded Copy ☐ Replace ☐ Delete ☐ Non-Traffic ☐ ORV/Snowmobile

Weather: _____

Light: _____

Road Surface Condition: _____

Total Lanes: _____

County: _____ City/Town: _____ Ave: _____

Traffic Control: _____

Relation to Roadway: _____

Work Zone-Workers Present: ☐ Yes ☐ No

Work Zone-Activity: _____

Work Zone-Location: _____

Contributing Circumstances: _____

Location

Prefix: _____ Primary Road Name: _____

Distance: _____ Direction: ☐ North ☐ South ☐ East ☐ West

Beginning of Ramp: _____ End of Ramp: _____

Trafficway: _____

Road Type: _____

Divided Roadway: ☐ N ☐ S ☐ E ☐ W

Speed Limit: _____

Posted: ☐ Yes ☐ No

Unit / Driver

Unit Number: _____

Driver's License State / Number: _____

Date of Birth: MM/DD/YYYY

Unit Type: ☐ MV ☐ B ☐ P ☐ E (Train)

Sex: ☐ M ☐ F

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Position: _____ Restraint: ☐ Airbag ☐ Ejected ☐ Condition at Time of Crash: 1. _____ 2. _____

Driver Distracted By: _____

Total Occupants: _____

Hospital Code: _____

Ambulance Code: _____

Citation: ☐ Hazardous ☐ Other

Hazardous Action: _____

Action Prior: _____

Sequence of Events (M = Most Harmful Event): 1. _____ 2. _____ 3. _____ 4. _____

Alcohol Suspected: ☐ Yes ☐ No

Contributing Factor: ☐ Yes ☐ No

Test Type: ☐ Breath ☐ Blood ☐ Urine

Field: ☐ PBT ☐ Refused ☐ Not Offered

Test Results: _____

Interlock Device: ☐ Yes ☐ No

Results Pending: ☐ Yes ☐ No

Vehicle

Vehicle Registration: _____ State: _____

Insurance Company: _____

Policy Number: _____

Towed By: _____

Towed To: _____

VIN: _____

Year: _____ Make: _____ Model: _____ Color: _____

Special Vehicle: ☐ Yes ☐ No

Vehicle Use: _____

Vehicle Type: _____

Location of Greatest Damage: _____

1st Impact: _____

Extent of Damage: _____

Vehicle Direction: _____

Private Trailer Type: _____

Vehicle Defect: _____

Passengers

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Sex: ☐ M ☐ F

Injury: ☐ K ☐ A ☐ B ☐ C ☐ O

Date of Birth: MM/DD/YYYY

Position: _____

Restraint: ☐ Airbag ☐ Ejected ☐ Condition at Time of Crash: 1. _____ 2. _____

Hospital Code: _____

Ambulance Code: _____

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Sex: ☐ M ☐ F

Injury: ☐ K ☐ A ☐ B ☐ C ☐ O

Date of Birth: MM/DD/YYYY

Position: _____

Restraint: ☐ Airbag ☐ Ejected ☐ Condition at Time of Crash: 1. _____ 2. _____

Hospital Code: _____

Ambulance Code: _____

Owner: ☐ Owner ☐ Uninjured Passenger ☐ Witness

Name: _____

Phone: _____

Age: _____ Pos: _____ Rest: _____

Address: _____

Reported Date: _____

Reported Time: _____

Damaged Property: _____

Owner & Phone: _____ / _____

Public: ☐ Yes ☐ No

Alcohol



New Values for Unit/Driver

Alcohol Suspected <input type="radio"/> Yes <input type="radio"/> No	Contributing Factor <input type="radio"/> Yes <input type="radio"/> No	Test Type <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Refused <input type="radio"/> Not Offered	Test Results <div><div></div><div></div><div></div><div></div></div> <input type="radio"/> Results Pending	Interlock Device <input type="radio"/> Yes <input type="radio"/> No
---	---	--	---	--

- **Alcohol**

- Was Alcohol Suspected? (Yes/No)
- Was it a Contributing Factor? (Yes/No)
- Results Pending bubble was added.



New Values for Unit/Driver

MSP UD - 10 (Rev. 01/2016) Authority: 1948 PA 300, Sec. 257.62 Compliance Required Penalty: \$100 and/or 90 days		Revised April 15, 2014 State of Michigan Traffic Crash Report		Page: _____ of _____ Incident # _____ File Case _____		Investigator # _____ Incident # _____ Photos _____ Yes _____ No _____		Reviewer _____ Yes _____ No _____	
ORI _____ Department Name _____		Investigator(s) _____		Badge # _____		Photos _____ Yes _____ No _____		Reviewer _____ Yes _____ No _____	
Crash Date _____ Crash Time _____ No. of Units _____		Crash Type _____ Single Motor Vehicle _____ Head On _____ Head On/End Turn _____ Angle _____ Backing _____ Rear End _____		Special Circumstances _____ None _____ Hit and Run _____ School Bus _____		Special Checks _____ Fatal _____ Corrected Copy _____		Weather _____ Light _____ Road Surface Condition _____ Total Lanes _____	
County _____ City/Twp _____ Area _____ Traffic Control _____		Relation to Roadway _____ Work Zone-Type _____ Work Zone-Workers Present _____ Work Zone-Activity _____ Work Zone-Location _____ Contributing Circumstances _____		1 _____ 2 _____ 3 _____		4 _____ 5 _____ 6 _____		7 _____ 8 _____ 9 _____	
Location									
Prefix _____ Primary Road Name _____				Road Type _____ Suffix _____		Divided Roadway _____ N _____ S _____ E _____ W _____		Distance _____ Direction _____ North _____ South _____ East _____ West _____ Beginning of Ramp _____ End of Ramp _____	
Distance _____ Feet _____ Meters _____				Trafficway _____		Speed Limit _____		Posted _____ Yes _____ No _____	
Prefix _____ Intersecting Road Name _____				Road Type _____ Suffix _____		Divided Roadway _____ N _____ S _____ E _____ W _____		1 _____ 2 _____ 3 _____	
Unit / Driver									
Unit Number _____		Driver's License State / Number _____		Date of Birth _____		Unit Type _____		Sex _____ M _____ F _____	
Name _____		Driver is Owner _____		License Type _____		Endorsements _____		Other _____ C _____ F _____ R _____	
Street Address _____		State _____ ZIP _____		Phone _____		Injury _____ K _____ A _____ B _____ C _____ O _____		Total Occupants _____ Hospital Code _____ Ambulance Code _____	
City _____		Position _____ Restraint _____ Airbag _____ Ejected _____ Condition at Time of Crash _____ 1 _____ 2 _____		Driver Distracted By _____		Sequence of Events (1st = Most Harmful Event) 1 _____ 2 _____ 3 _____ 4 _____		Test Results _____ Interlock Device _____ Yes _____ No _____	
Citation _____ Hazardous _____ Other _____		Hazardous Action _____ Action Prior _____		Test Results _____		Results Pending _____		Interlock Device _____ Yes _____ No _____	
Alcohol Suspected _____ Yes _____ No _____		Contributing Factor _____ Yes _____ No _____		Test Type _____ Breath _____ Blood _____ Urine _____ Field _____ PBT _____ Refused _____ Not Offered _____		Test Results _____		Results Pending _____	
Drug Suspected _____ Yes _____ No _____		Contributing Factor _____ Yes _____ No _____		Test Type _____ Blood _____ Urine _____ Field _____ Refused _____ Not Offered _____		Test Results _____		Results Pending _____	
Vehicle									
Vehicle Registration _____ State _____		Insurance Company _____		Policy Number _____		Towed By _____		Towed To _____	
VIN _____		Year _____ Make _____		Model _____		Color _____		Special Vehicle _____ Vehicle Use _____	
Vehicle Type _____		Location of Greatest Damage _____		1st Impact _____		Extent of Damage _____		Vehicle Direction _____ Private Trailer Type _____ Vehicle Defect _____	
Passengers									
Name _____		State _____ ZIP _____		Phone _____		Sex _____ M _____ F _____		Ejected _____	
Street Address _____		City _____		Date of Birth _____		Position _____ Restraint _____ Airbag _____		Hospital Code _____ Ambulance Code _____	
Name _____		State _____ ZIP _____		Phone _____		Sex _____ M _____ F _____		Ejected _____	
Street Address _____		City _____		Date of Birth _____		Position _____ Restraint _____ Airbag _____		Hospital Code _____ Ambulance Code _____	
Owner _____ Uninjured Passenger _____ Witness _____		Name _____		Age _____ Pos. _____ Rest. _____		Address _____		Address _____	
Owner _____ Uninjured Passenger _____ Witness _____		Name _____		Age _____ Pos. _____ Rest. _____		Address _____		Address _____	
Reported Date _____		Reported Time _____		Damaged Property _____		Owner & Phone _____ / _____		Public _____ Yes _____ No _____	
UD-10 SERIAL NUMBER _____		Serial Overlap Number _____		Owner & Phone _____ / _____		Public _____ Yes _____ No _____		Public _____ Yes _____ No _____	

Drugs



New Values for Unit/Driver

Drug Suspected <input type="radio"/> Yes <input type="radio"/> No	Contributing Factor <input type="radio"/> Yes <input type="radio"/> No	Test Type <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Field <input type="radio"/> Refused <input type="radio"/> Not Offered	Test Results <table border="1"><tr><td></td><td></td><td></td></tr></table> <input type="radio"/> Results Pending			

- **Drugs**
 - Were Drugs Suspected? (Yes/No)
 - Was it a Contributing Factor? (Yes/No)
 - Field was added as a Test Type.
 - Results Pending bubble was added.



New Values for Unit/Driver

Driver Record (Alcohol/Drug Involved)

In order for a crash to be put on a driving record as involving alcohol and/or drugs, the following Must occur:

ALCOHOL SUSPECTED = YES	CONTRIBUTING FACTOR = YES
DRUG SUSPECTED = YES	CONTRIBUTING FACTOR = YES



New Values for Vehicles

MSB UD-10 (Rev. 01/2018)
Authority: 1949 PA 300, Sec. 257.622
Compliance Required
Penalty: \$100 and/or 90 days

Revised April 15, 2014

State of Michigan Traffic Crash Report

Page 1 of 1

Incident #

File Class

Investigated at Scene
Yes ☐ No ☐

Photos
Yes ☐ No ☐

Reviewer

ORI

Department Name

Investigator(s)

Badge #

Crash Date

Crash Time

No. of Units

Crash Type

Single Motor Vehicle ☐ Head On ☐ Head On Left Turn ☐ Angle ☐ Backing ☐ Rear End ☐

Rear End Left Turn ☐ Rear End Right Turn ☐ Sideswipe Same ☐ Sideswipe Opposite ☐ Other ☐ Unknown ☐

Special Checks ☐ Fatal ☐ Corroded Copy ☐ Weather ☐ Light ☐ Road Surface Condition ☐ Total Lanes ☐

Special Circumstances ☐ None ☐ Hit and Run ☐ School Bus ☐ Replace ☐ Delete ☐ Non-Traffic ☐ OVI/Snowmobile ☐

County ☐ City/Town ☐ Area ☐ Traffic Control ☐ Relation to Roadway ☐ Work Zone Type ☐ Work Zone Workers Present ☐ Work Zone Activity ☐ Work Zone Location ☐ Contributing Circumstances ☐

Const./Main ☐ Utility ☐

Location

Prefix Primary Road Name

Road Type

Suffix

Divided Roadway ☐ N ☐ S ☐ E ☐ W ☐

Distance ☐ Feet ☐ Miles

Direction ☐ North ☐ South ☐ East ☐ West

Trafficway ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Speed Limit ☐ Posted ☐ Yes ☐ No ☐

Prefix Intersecting Road Name

Road Type

Suffix

Divided Roadway ☐ N ☐ S ☐ E ☐ W ☐

Unit / Driver

Unit Number

Driver's License State / Number

Date of Birth

Unit Type ☐ MV ☐ B ☐ P ☐ O ☐ E (Train) ☐

Sex ☐ M ☐ F ☐

Name

Driver is Owner ☐ License Type ☐ C ☐ C ☐ M ☐

Endorsements ☐ OY ☐ F ☐ R ☐

Street Address

City

State

ZIP

Phone

Injury ☐ K ☐ A ☐ B ☐ C ☐ G ☐

Position ☐ Restraint ☐ Airbag ☐ Ejected ☐ Condition at Time of Crash ☐ 1 ☐ 2 ☐

Driver Distracted By ☐ Total Occupants ☐ Hospital Code ☐ Ambulance Code ☐

Citation ☐ Hazardous ☐ Other ☐

Hazardous Action ☐ Action Prior ☐

Sequence of Events (1st = Most Harmful Event) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐

Test Results ☐ Results Pending ☐ Interlock Device ☐ Yes ☐ No ☐

Alcohol Suspected ☐ Yes ☐ No ☐ Contributing Factor ☐ Yes ☐ No ☐ Test Type ☐ Breath ☐ Blood ☐ Urine ☐

Drug Suspected ☐ Yes ☐ No ☐ Contributing Factor ☐ Yes ☐ No ☐ Test Type ☐ Field ☐ Refused ☐ Not Offered ☐

Vehicle

Vehicle Registration ☐ State ☐ Insurance Company ☐ Policy Number ☐

Towed By ☐ Towed To ☐

VIN ☐ Year ☐ Make ☐ Model ☐ Color ☐

Special Vehicle ☐ Vehicle Use ☐

Vehicle Type ☐ Location of Greatest Damage ☐ 1st Impact ☐ Extent of Damage ☐ Vehicle Direction ☐ Private Trailer Type ☐ Vehicle Defect ☐

Passengers

Name ☐ Ejected ☐

Street Address ☐

City ☐ State ☐ ZIP ☐ Phone ☐

Date of Birth ☐ Position ☐ Restraint ☐ Airbag ☐ Hospital Code ☐ Ambulance Code ☐

Name ☐ Ejected ☐

Street Address ☐

City ☐ State ☐ ZIP ☐ Phone ☐

Date of Birth ☐ Position ☐ Restraint ☐ Airbag ☐ Hospital Code ☐ Ambulance Code ☐

Owner ☐ Uninjured Passenger ☐ Witness ☐

Name ☐ Phone ☐ Age ☐ Pos. ☐ Rest. ☐

Owner ☐ Uninjured Passenger ☐ Witness ☐

Name ☐ Phone ☐ Age ☐ Pos. ☐ Rest. ☐

Reported Date ☐ Reported Time ☐

Damaged Property ☐

Owner & Phone ☐ / ☐ Public ☐ Yes ☐ No ☐

UD-10 SERIAL NUMBER ☐ Serial Override Number ☐

Special
Vehicles



New Values for Vehicles

- Special Vehicles has changed from a bubble field to a value field with Tow Truck / Wrecker being the only addition.

Special Vehicles
1. Police
2. Fire
3. Bus
4. Ambulance
5. Farm Equipment
6. Construction / Maintenance Equipment
7. Tow Truck / Wrecker

Special Vehicles	
<input type="text"/>	<input type="text"/>



New Values for Vehicles

MSP UD-10 (Rev. 01/2018)
Authority: 1949 PA 300, Sec. 257.622
Compliance Required
Penalty: \$100 and/or 90 days

Revised April 15, 2014

State of Michigan Traffic Crash Report

Page: _____

Incident #: _____

File Case: _____

Investigated at Scene: ☐ Yes ☐ No

Photos: ☐ Yes ☐ No

Reviewer: _____

CR: _____

Department Name: _____

Investigator(s): _____

Badge #: _____

Crash Date: _____

Crash Time: _____

No. of Units: _____

Crash Type: ☐ Single Motor Vehicle ☐ Head On ☐ Head On Left Turn ☐ Angle ☐ Backing ☐ Rear End

☐ Rear End Left Turn ☐ Rear End Right Turn ☐ Sideswipe-Same ☐ Sideswipe-Opposite ☐ Other ☐ Unknown

Special Circumstances: ☐ None ☐ Hit and Run ☐ School Bus ☐ Special Checks ☐ Fatal ☐ Corroded Copy ☐ Weather ☐ Light ☐ Road Surface Condition ☐ Total Lanes

☐ Fleeing Police ☐ Unknown ☐ Animal ☐ Replace ☐ Delete ☐ Non-Traffic ☐ OVI/DWI/Suspense

County: _____ City/Town: _____ Area: _____ Traffic Control: _____ Relation to Roadway: _____ Work Zone-Type: _____ Work Zone-Workers Present: _____ Work Zone-Activity: _____ Work Zone-Location: _____ Contributing Circumstances: _____

☐ Const. / Maint. ☐ Yes ☐ No ☐ Utility

Location

Prefix: _____ Primary Road Name: _____ Road Type: _____ Suffix: _____ Divided Roadway: ☐ N ☐ S ☐ E ☐ W

Distance: _____ Direction: ☐ North ☐ South ☐ East ☐ West ☐ Beginning of Ramp ☐ End of Ramp ☐ Trafficway: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐ 32 ☐ 33 ☐ 34 ☐ 35 ☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40 ☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45 ☐ 46 ☐ 47 ☐ 48 ☐ 49 ☐ 50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65 ☐ 66 ☐ 67 ☐ 68 ☐ 69 ☐ 70 ☐ 71 ☐ 72 ☐ 73 ☐ 74 ☐ 75 ☐ 76 ☐ 77 ☐ 78 ☐ 79 ☐ 80 ☐ 81 ☐ 82 ☐ 83 ☐ 84 ☐ 85 ☐ 86 ☐ 87 ☐ 88 ☐ 89 ☐ 90 ☐ 91 ☐ 92 ☐ 93 ☐ 94 ☐ 95 ☐ 96 ☐ 97 ☐ 98 ☐ 99 ☐ 100 ☐ 101 ☐ 102 ☐ 103 ☐ 104 ☐ 105 ☐ 106 ☐ 107 ☐ 108 ☐ 109 ☐ 110 ☐ 111 ☐ 112 ☐ 113 ☐ 114 ☐ 115 ☐ 116 ☐ 117 ☐ 118 ☐ 119 ☐ 120 ☐ 121 ☐ 122 ☐ 123 ☐ 124 ☐ 125 ☐ 126 ☐ 127 ☐ 128 ☐ 129 ☐ 130 ☐ 131 ☐ 132 ☐ 133 ☐ 134 ☐ 135 ☐ 136 ☐ 137 ☐ 138 ☐ 139 ☐ 140 ☐ 141 ☐ 142 ☐ 143 ☐ 144 ☐ 145 ☐ 146 ☐ 147 ☐ 148 ☐ 149 ☐ 150 ☐ 151 ☐ 152 ☐ 153 ☐ 154 ☐ 155 ☐ 156 ☐ 157 ☐ 158 ☐ 159 ☐ 160 ☐ 161 ☐ 162 ☐ 163 ☐ 164 ☐ 165 ☐ 166 ☐ 167 ☐ 168 ☐ 169 ☐ 170 ☐ 171 ☐ 172 ☐ 173 ☐ 174 ☐ 175 ☐ 176 ☐ 177 ☐ 178 ☐ 179 ☐ 180 ☐ 181 ☐ 182 ☐ 183 ☐ 184 ☐ 185 ☐ 186 ☐ 187 ☐ 188 ☐ 189 ☐ 190 ☐ 191 ☐ 192 ☐ 193 ☐ 194 ☐ 195 ☐ 196 ☐ 197 ☐ 198 ☐ 199 ☐ 200 ☐ 201 ☐ 202 ☐ 203 ☐ 204 ☐ 205 ☐ 206 ☐ 207 ☐ 208 ☐ 209 ☐ 210 ☐ 211 ☐ 212 ☐ 213 ☐ 214 ☐ 215 ☐ 216 ☐ 217 ☐ 218 ☐ 219 ☐ 220 ☐ 221 ☐ 222 ☐ 223 ☐ 224 ☐ 225 ☐ 226 ☐ 227 ☐ 228 ☐ 229 ☐ 230 ☐ 231 ☐ 232 ☐ 233 ☐ 234 ☐ 235 ☐ 236 ☐ 237 ☐ 238 ☐ 239 ☐ 240 ☐ 241 ☐ 242 ☐ 243 ☐ 244 ☐ 245 ☐ 246 ☐ 247 ☐ 248 ☐ 249 ☐ 250 ☐ 251 ☐ 252 ☐ 253 ☐ 254 ☐ 255 ☐ 256 ☐ 257 ☐ 258 ☐ 259 ☐ 260 ☐ 261 ☐ 262 ☐ 263 ☐ 264 ☐ 265 ☐ 266 ☐ 267 ☐ 268 ☐ 269 ☐ 270 ☐ 271 ☐ 272 ☐ 273 ☐ 274 ☐ 275 ☐ 276 ☐ 277 ☐ 278 ☐ 279 ☐ 280 ☐ 281 ☐ 282 ☐ 283 ☐ 284 ☐ 285 ☐ 286 ☐ 287 ☐ 288 ☐ 289 ☐ 290 ☐ 291 ☐ 292 ☐ 293 ☐ 294 ☐ 295 ☐ 296 ☐ 297 ☐ 298 ☐ 299 ☐ 300 ☐ 301 ☐ 302 ☐ 303 ☐ 304 ☐ 305 ☐ 306 ☐ 307 ☐ 308 ☐ 309 ☐ 310 ☐ 311 ☐ 312 ☐ 313 ☐ 314 ☐ 315 ☐ 316 ☐ 317 ☐ 318 ☐ 319 ☐ 320 ☐ 321 ☐ 322 ☐ 323 ☐ 324 ☐ 325 ☐ 326 ☐ 327 ☐ 328 ☐ 329 ☐ 330 ☐ 331 ☐ 332 ☐ 333 ☐ 334 ☐ 335 ☐ 336 ☐ 337 ☐ 338 ☐ 339 ☐ 340 ☐ 341 ☐ 342 ☐ 343 ☐ 344 ☐ 345 ☐ 346 ☐ 347 ☐ 348 ☐ 349 ☐ 350 ☐ 351 ☐ 352 ☐ 353 ☐ 354 ☐ 355 ☐ 356 ☐ 357 ☐ 358 ☐ 359 ☐ 360 ☐ 361 ☐ 362 ☐ 363 ☐ 364 ☐ 365 ☐ 366 ☐ 367 ☐ 368 ☐ 369 ☐ 370 ☐ 371 ☐ 372 ☐ 373 ☐ 374 ☐ 375 ☐ 376 ☐ 377 ☐ 378 ☐ 379 ☐ 380 ☐ 381 ☐ 382 ☐ 383 ☐ 384 ☐ 385 ☐ 386 ☐ 387 ☐ 388 ☐ 389 ☐ 390 ☐ 391 ☐ 392 ☐ 393 ☐ 394 ☐ 395 ☐ 396 ☐ 397 ☐ 398 ☐ 399 ☐ 400 ☐ 401 ☐ 402 ☐ 403 ☐ 404 ☐ 405 ☐ 406 ☐ 407 ☐ 408 ☐ 409 ☐ 410 ☐ 411 ☐ 412 ☐ 413 ☐ 414 ☐ 415 ☐ 416 ☐ 417 ☐ 418 ☐ 419 ☐ 420 ☐ 421 ☐ 422 ☐ 423 ☐ 424 ☐ 425 ☐ 426 ☐ 427 ☐ 428 ☐ 429 ☐ 430 ☐ 431 ☐ 432 ☐ 433 ☐ 434 ☐ 435 ☐ 436 ☐ 437 ☐ 438 ☐ 439 ☐ 440 ☐ 441 ☐ 442 ☐ 443 ☐ 444 ☐ 445 ☐ 446 ☐ 447 ☐ 448 ☐ 449 ☐ 450 ☐ 451 ☐ 452 ☐ 453 ☐ 454 ☐ 455 ☐ 456 ☐ 457 ☐ 458 ☐ 459 ☐ 460 ☐ 461 ☐ 462 ☐ 463 ☐ 464 ☐ 465 ☐ 466 ☐ 467 ☐ 468 ☐ 469 ☐ 470 ☐ 471 ☐ 472 ☐ 473 ☐ 474 ☐ 475 ☐ 476 ☐ 477 ☐ 478 ☐ 479 ☐ 480 ☐ 481 ☐ 482 ☐ 483 ☐ 484 ☐ 485 ☐ 486 ☐ 487 ☐ 488 ☐ 489 ☐ 490 ☐ 491 ☐ 492 ☐ 493 ☐ 494 ☐ 495 ☐ 496 ☐ 497 ☐ 498 ☐ 499 ☐ 500 ☐ 501 ☐ 502 ☐ 503 ☐ 504 ☐ 505 ☐ 506 ☐ 507 ☐ 508 ☐ 509 ☐ 510 ☐ 511 ☐ 512 ☐ 513 ☐ 514 ☐ 515 ☐ 516 ☐ 517 ☐ 518 ☐ 519 ☐ 520 ☐ 521 ☐ 522 ☐ 523 ☐ 524 ☐ 525 ☐ 526 ☐ 527 ☐ 528 ☐ 529 ☐ 530 ☐ 531 ☐ 532 ☐ 533 ☐ 534 ☐ 535 ☐ 536 ☐ 537 ☐ 538 ☐ 539 ☐ 540 ☐ 541 ☐ 542 ☐ 543 ☐ 544 ☐ 545 ☐ 546 ☐ 547 ☐ 548 ☐ 549 ☐ 550 ☐ 551 ☐ 552 ☐ 553 ☐ 554 ☐ 555 ☐ 556 ☐ 557 ☐ 558 ☐ 559 ☐ 560 ☐ 561 ☐ 562 ☐ 563 ☐ 564 ☐ 565 ☐ 566 ☐ 567 ☐ 568 ☐ 569 ☐ 570 ☐ 571 ☐ 572 ☐ 573 ☐ 574 ☐ 575 ☐ 576 ☐ 577 ☐ 578 ☐ 579 ☐ 580 ☐ 581 ☐ 582 ☐ 583 ☐ 584 ☐ 585 ☐ 586 ☐ 587 ☐ 588 ☐ 589 ☐ 590 ☐ 591 ☐ 592 ☐ 593 ☐ 594 ☐ 595 ☐ 596 ☐ 597 ☐ 598 ☐ 599 ☐ 600 ☐ 601 ☐ 602 ☐ 603 ☐ 604 ☐ 605 ☐ 606 ☐ 607 ☐ 608 ☐ 609 ☐ 610 ☐ 611 ☐ 612 ☐ 613 ☐ 614 ☐ 615 ☐ 616 ☐ 617 ☐ 618 ☐ 619 ☐ 620 ☐ 621 ☐ 622 ☐ 623 ☐ 624 ☐ 625 ☐ 626 ☐ 627 ☐ 628 ☐ 629 ☐ 630 ☐ 631 ☐ 632 ☐ 633 ☐ 634 ☐ 635 ☐ 636 ☐ 637 ☐ 638 ☐ 639 ☐ 640 ☐ 641 ☐ 642 ☐ 643 ☐ 644 ☐ 645 ☐ 646 ☐ 647 ☐ 648 ☐ 649 ☐ 650 ☐ 651 ☐ 652 ☐ 653 ☐ 654 ☐ 655 ☐ 656 ☐ 657 ☐ 658 ☐ 659 ☐ 660 ☐ 661 ☐ 662 ☐ 663 ☐ 664 ☐ 665 ☐ 666 ☐ 667 ☐ 668 ☐ 669 ☐ 670 ☐ 671 ☐ 672 ☐ 673 ☐ 674 ☐ 675 ☐ 676 ☐ 677 ☐ 678 ☐ 679 ☐ 680 ☐ 681 ☐ 682 ☐ 683 ☐ 684 ☐ 685 ☐ 686 ☐ 687 ☐ 688 ☐ 689 ☐ 690 ☐ 691 ☐ 692 ☐ 693 ☐ 694 ☐ 695 ☐ 696 ☐ 697 ☐ 698 ☐ 699 ☐ 700 ☐ 701 ☐ 702 ☐ 703 ☐ 704 ☐ 705 ☐ 706 ☐ 707 ☐ 708 ☐ 709 ☐ 710 ☐ 711 ☐ 712 ☐ 713 ☐ 714 ☐ 715 ☐ 716 ☐ 717 ☐ 718 ☐ 719 ☐ 720 ☐ 721 ☐ 722 ☐ 723 ☐ 724 ☐ 725 ☐ 726 ☐ 727 ☐ 728 ☐ 729 ☐ 730 ☐ 731 ☐ 732 ☐ 733 ☐ 734 ☐ 735 ☐ 736 ☐ 737 ☐ 738 ☐ 739 ☐ 740 ☐ 741 ☐ 742 ☐ 743 ☐ 744 ☐ 745 ☐ 746 ☐ 747 ☐ 748 ☐ 749 ☐ 750 ☐ 751 ☐ 752 ☐ 753 ☐ 754 ☐ 755 ☐ 756 ☐ 757 ☐ 758 ☐ 759 ☐ 760 ☐ 761 ☐ 762 ☐ 763 ☐ 764 ☐ 765 ☐ 766 ☐ 767 ☐ 768 ☐ 769 ☐ 770 ☐ 771 ☐ 772 ☐ 773 ☐ 774 ☐ 775 ☐ 776 ☐ 777 ☐ 778 ☐ 779 ☐ 780 ☐ 781 ☐ 782 ☐ 783 ☐ 784 ☐ 785 ☐ 786 ☐ 787 ☐ 788 ☐ 789 ☐ 790 ☐ 791 ☐ 792 ☐ 793 ☐ 794 ☐ 795 ☐ 796 ☐ 797 ☐ 798 ☐ 799 ☐ 800 ☐ 801 ☐ 802 ☐ 803 ☐ 804 ☐ 805 ☐ 806 ☐ 807 ☐ 808 ☐ 809 ☐ 810 ☐ 811 ☐ 812 ☐ 813 ☐ 814 ☐ 815 ☐ 816 ☐ 817 ☐ 818 ☐ 819 ☐ 820 ☐ 821 ☐ 822 ☐ 823 ☐ 824 ☐ 825 ☐ 826 ☐ 827 ☐ 828 ☐ 829 ☐ 830 ☐ 831 ☐ 832 ☐ 833 ☐ 834 ☐ 835 ☐ 836 ☐ 837 ☐ 838 ☐ 839 ☐ 840 ☐ 841 ☐ 842 ☐ 843 ☐ 844 ☐ 845 ☐ 846 ☐ 847 ☐ 848 ☐ 849 ☐ 850 ☐ 851 ☐ 852 ☐ 853 ☐ 854 ☐ 855 ☐ 856 ☐ 857 ☐ 858 ☐ 859 ☐ 860 ☐ 861 ☐ 862 ☐ 863 ☐ 864 ☐ 865 ☐ 866 ☐ 867 ☐ 868 ☐ 869 ☐ 870 ☐ 871 ☐ 872 ☐ 873 ☐ 874 ☐ 875 ☐ 876 ☐ 877 ☐ 878 ☐ 879 ☐ 880 ☐ 881 ☐ 882 ☐ 883 ☐ 884 ☐ 885 ☐ 886 ☐ 887 ☐ 888 ☐ 889 ☐ 890 ☐ 891 ☐ 892 ☐ 893 ☐ 894 ☐ 895 ☐ 896 ☐ 897 ☐ 898 ☐ 899 ☐ 900 ☐ 901 ☐ 902 ☐ 903 ☐ 904 ☐ 905 ☐ 906 ☐ 907 ☐ 908 ☐ 909 ☐ 910 ☐ 911 ☐ 912 ☐ 913 ☐ 914 ☐ 915 ☐ 916 ☐ 917 ☐ 918 ☐ 919 ☐ 920 ☐ 921 ☐ 922 ☐ 923 ☐ 924 ☐ 925 ☐ 926 ☐ 927 ☐ 928 ☐ 929 ☐ 930 ☐ 931 ☐ 932 ☐ 933 ☐ 934 ☐ 935 ☐ 936 ☐ 937 ☐ 938 ☐ 939 ☐ 940 ☐ 941 ☐ 942 ☐ 943 ☐ 944 ☐ 945 ☐ 946 ☐ 947 ☐ 948 ☐ 949 ☐ 950 ☐ 951 ☐ 952 ☐ 953 ☐ 954 ☐ 955 ☐ 956 ☐ 957 ☐ 958 ☐ 959 ☐ 960 ☐ 961 ☐ 962 ☐ 963 ☐ 964 ☐ 965 ☐ 966 ☐ 967 ☐ 968 ☐ 969 ☐ 970 ☐ 971 ☐ 972 ☐ 973 ☐ 974 ☐ 975 ☐ 976 ☐ 977 ☐ 978 ☐ 979 ☐ 980 ☐ 981 ☐ 982 ☐ 983 ☐ 984 ☐ 985 ☐ 986 ☐ 987 ☐ 988 ☐ 989 ☐ 990 ☐ 991 ☐ 992 ☐ 993 ☐ 994 ☐ 995 ☐ 996 ☐ 997 ☐ 998 ☐ 999 ☐ 1000 ☐ 1001 ☐ 1002 ☐ 1003 ☐ 1004 ☐ 1005 ☐ 1006 ☐ 1007 ☐ 1008 ☐ 1009 ☐ 1010 ☐ 1011 ☐ 1012 ☐ 1013 ☐ 1014 ☐ 1015 ☐ 1016 ☐ 1017 ☐ 1018 ☐ 1019 ☐ 1020 ☐ 1021 ☐ 1022 ☐ 1023 ☐ 1024 ☐ 1025 ☐ 1026 ☐ 1027 ☐ 1028 ☐ 1029 ☐ 1030 ☐ 1031 ☐ 1032 ☐ 1033 ☐ 1034 ☐ 1035 ☐ 1036 ☐ 1037 ☐ 1038 ☐ 1039 ☐ 1040 ☐ 1041 ☐ 1042 ☐ 1043 ☐ 1044 ☐ 1045 ☐ 1046 ☐ 1047 ☐ 1048 ☐ 1049 ☐ 1050 ☐ 1051 ☐ 1052 ☐ 1053 ☐ 1054 ☐ 1055 ☐ 1056 ☐ 1057 ☐ 1058 ☐ 1059 ☐ 1060 ☐ 1061 ☐ 1062 ☐ 1063 ☐ 1064 ☐ 1065 ☐ 1066 ☐ 1067 ☐ 1068 ☐ 1069 ☐ 1070 ☐ 1071 ☐ 1072 ☐ 1073 ☐ 1074 ☐ 1075 ☐ 1076 ☐ 1077 ☐ 1078 ☐ 1079 ☐ 1080 ☐ 1081 ☐ 1082 ☐ 1083 ☐ 1084 ☐ 1085 ☐ 1086 ☐ 1087 ☐ 1088 ☐ 1089 ☐ 1090 ☐ 1091 ☐ 1092 ☐ 1093 ☐ 1094 ☐ 1095 ☐ 1096 ☐ 1097 ☐ 1098 ☐ 1099 ☐ 1100 ☐ 1101 ☐ 1102 ☐ 1103 ☐ 1104 ☐ 1105 ☐ 1106 ☐ 1107 ☐ 1108 ☐ 1109 ☐ 1110 ☐ 1111 ☐ 1112 ☐ 1113 ☐ 1114 ☐ 1115 ☐ 1116 ☐ 1117 ☐ 1118 ☐ 1119 ☐ 1120 ☐ 1121 ☐ 1122 ☐ 1123 ☐ 1124 ☐ 1125 ☐ 1126 ☐ 1127 ☐ 1128 ☐ 1129 ☐ 1130 ☐ 1131 ☐ 1132 ☐ 1133 ☐ 1134 ☐ 1135 ☐ 1136 ☐ 1137 ☐ 1138 ☐ 1139 ☐ 1140 ☐ 1141 ☐ 1142 ☐ 1143 ☐ 1144 ☐ 1145 ☐ 1146 ☐ 1147 ☐ 1148 ☐ 1149 ☐ 1150 ☐ 1151 ☐

New Values for Vehicles

Vehicle Type	

- Vehicle Type was changed from a bubble field to a value field.
- The same number of choices are still available, but they have been re-worded.



New Values for Vehicles

Vehicle Type

1. Passenger Car, SUV, Van
2. Motor Home
3. Pickup Truck
4. Small Truck
(Under 10,000 lbs)
5. Motorcycle
6. Moped / Goped
7. Go-Cart / Golf Cart
8. Snowmobile
9. Off Road Vehicle (ATV Type)
10. Other
11. Truck / Bus

Vehicle Type

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New Values for Vehicles

MSP UD - 10 (Rev. 01/2018)
 Authority: 1946 PA 200, Sec. 257(62)
 Compliance Required
 Penalty: \$100 and/or 90 days

Revised April 15, 2014

State of Michigan Traffic Crash Report

File # _____

Investigator's Name _____

Department Name _____

Investigator's Title _____

Badge # _____

Photos _____

Reviewer _____

Crash Date: MM/DD/YYYY HH:MM

Crash Time: _____

No. of Units: _____

Crash Type: ☐ Single Motor Vehicle ☐ Head On ☐ Head On/Left Turn ☐ Angle ☐ Backing ☐ Rear End

☐ Rear End/Left Turn ☐ Rear End/Right Turn ☐ Sideswipe-Same ☐ Sideswipe-Opposite ☐ Other ☐ Unknown

Special Circumstances: ☐ None ☐ Hit and Run ☐ School Bus ☐ Special Checks ☐ Fatal ☐ Corroded Copy ☐ Weather: _____ Light: _____ Road Surface Condition: _____ Total Lanes: _____

☐ Reeling Police ☐ Unknown ☐ Arrest: _____ ☐ Replace ☐ Delete ☐ Non-Traffic ☐ ORV/Snowmobile

County: _____ City/Town: _____ Area: _____ Traffic Control: _____ Relation to Roadway: _____ Work Zone-Type: _____ Work Zone-Workers Present: _____ Work Zone-Activity: _____ Work Zone-Location: _____ Contributing Circumstances: _____

☐ Const./Main ☐ No ☐ Utility

Location

Prefix: _____ Primary Road Name: _____ Road Type: _____ Suffix: _____

Distance: _____ Direction: ☐ North ☐ South ☐ East ☐ West ☐ Beginning of Ramp ☐ End of Ramp

Trafficway: _____ Speed Limit: _____ Posted: ☐ Yes ☐ No

Prefix: _____ Intersecting Road Name: _____ Road Type: _____ Suffix: _____

Divided Roadway: ☐ N ☐ S ☐ E ☐ W

Unit / Driver

Unit Number: _____ Driver's License State / Number: _____ Date of Birth: MM/DD/YYYY

Unit Type: ☐ MV ☐ B ☐ P ☐ E (Train) Sex: ☐ M ☐ F

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Position: _____ Restraint: _____ Airbag: _____ Ejected: ☐ Condition at Time of Crash: 1st _____ 2nd _____

Driver Distracted By: _____

Total Occupants: _____ Hospital Code: _____ Ambulance Code: _____

Citation: ☐ Hazardous ☐ Other

Hazardous Action: _____ Action Prior: _____

Sequence of Events (M = Most Harmful Event)

1st: _____ 2nd: _____ 3rd: _____ 4th: _____

Test Results: _____

Alcohol Suspected: ☐ Yes ☐ No ☐ Field ☐ PBT ☐ Refused ☐ Not Offered

Contributing Factor: ☐ Yes ☐ No ☐ Field ☐ PBT ☐ Refused ☐ Not Offered

Test Type: ☐ Breath ☐ Blood ☐ Urine

Drug Suspected: ☐ Yes ☐ No ☐ Field ☐ Blood ☐ Urine

Test Results: _____

Interlock Device: ☐ Yes ☐ No

Results Pending: ☐ Yes ☐ No

Vehicle

Vehicle Registration: _____ State: _____ Insurance Company: _____ Policy Number: _____

Towed By: _____ Towed To: _____

VIN: _____ Year: _____ Make: _____ Model: _____ Color: _____

Special Vehicle: ☐ Yes ☐ No

Vehicle Use: _____

Vehicle Type: _____ Location of Greatest Damage: _____ 1st Impact: _____ Extent of Damage: _____ Vehicle Direction: _____ Private Trailer Type: _____

Vehicle Defect: ☐ Yes ☐ No

Passengers

Name: _____ Ejected: ☐ Street Address: _____ Sex: ☐ M ☐ F ☐ Trapped: ☐ City: _____ State: _____ ZIP: _____ Phone: _____ Injury: ☐ K ☐ A ☐ B ☐ C ☐ O

Date of Birth: MM/DD/YYYY Position: _____ Restraint: _____ Airbag: _____ Hospital Code: _____ Ambulance Code: _____

Name: _____ Ejected: ☐ Street Address: _____ Sex: ☐ M ☐ F ☐ Trapped: ☐ City: _____ State: _____ ZIP: _____ Phone: _____ Injury: ☐ K ☐ A ☐ B ☐ C ☐ O

Date of Birth: MM/DD/YYYY Position: _____ Restraint: _____ Airbag: _____ Hospital Code: _____ Ambulance Code: _____

Owner: ☐ Owner ☐ Uninjured Passenger ☐ Witness ☐ Owner ☐ Uninjured Passenger ☐ Witness

Name: _____ Phone: _____ Age: _____ Pos: _____ Rest: _____

Name: _____ Phone: _____ Age: _____ Pos: _____ Rest: _____

Reported Date: _____ Reported Time: _____ Damaged Property: _____

Owner & Phone: _____ / _____ Public: ☐ Yes ☐ No

UD-10 SERIAL NUMBER _____

Vehicle
Defect



New Values for Vehicles

- Vehicle Defect has changed from a bubble field to a value field and added Truck Coupling / Trailer Hitch / Safety Chains.

Vehicle Defects

1. Brakes
2. Lights
3. Steering
4. Tires / Rims
5. Windows / Windshield
6. Truck Coupling / Trailer Hitch / Safety Chains
97. Other

Vehicle Defect

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GVWR
GCWR



New Values for Truck/Bus

GVWR / GCWR



10,000 LBS or Less



10,001 - 26,000 LBS



26,001 LBS or More

- **GVWR/GCWR is no longer a value field, but a three choice bubble field.**
 - GVWR is for a single unit truck.
 - GCWR is for a truck and trailer combination.
- **The new options are:**
 - 10,000 lbs. or Less
 - 10,001 – 26,000 lbs.
 - 26,001 lbs. or More



New Values for Truck/Bus

Unit / Driver											
Unit Number				Driver's License State / Number				Date of Birth			
Unit Type				Sex							
Name				Driver is Owner				License Type			
Street Address				Endorsements							
City				State				Zip			
Phone Number				Injury							
Position				Restraint				Airbag			
Ejected				Condition at Time of Crash				Driver Distracted By			
Trapped				Total Occupants				Hospital Code			
Ambulance Code				Citation Issued							
Hazardous Action				Accident Prior				Sequence of Events			
Alcohol Suspected				Contributing Factor				Test Type			
Test Results				Interlock Device							
Drug Suspected				Contributing Factor				Test Type			
Test Results				Interlock Device							
Vehicle											
Vehicle Registration				State				Insurance Company			
Policy Number				Towed By				Towed To			
VIN				Year				Make			
Model				Color				Special Vehicle			
Vehicle Use				Vehicle Type				Location of Greatest Damage			
1st Impact				Extent of Damage				Vehicle Direction			
Private Trailer Type				Vehicle Defect							
Passengers											
Name				Ejected							
Street Address				Sex				Trapped			
City				State				ZIP			
Phone				Injury							
Date of Birth				Position				Restraint			
Airbag				Hospital Code				Ambulance Code			
Name				Ejected							
Street Address				Sex				Trapped			
City				State				ZIP			
Phone				Injury							
Date of Birth				Position				Restraint			
Airbag				Hospital Code				Ambulance Code			
Owner				Name				Address			
Uninjured Passenger				Phone				Age			
Witness				Pos.				Rest.			
Owner				Name				Address			
Uninjured Passenger				Phone				Age			
Witness				Pos.				Rest.			
Truck / Bus											
Unit #				Carrier Name							
Address											
City				State				ZIP			
GVWR / GCWR				GVW / GCW							
Vehicle Code				Cargo Body Type							
HAZMAT				HAZMAT ID							
HAZMAT Class				HAZMAT							
USDOT				MIC							
MPSC				Endorsements							
Medical Card				Remarks / Narrative							
UID -10 Serial Number											
Crash Diagram											

Cargo Body
Type



New Values for Truck/Bus

Cargo Body type have been changed to a value field, and also combines the Vehicle Type.

Cargo Body Type

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Vehicle Type

<input type="radio"/> AA	<input type="radio"/> BB	<input type="radio"/> CX
<input type="radio"/> A	<input type="radio"/> BH	<input type="radio"/> Other
<input type="radio"/> AN	<input type="radio"/> CP	
<input type="radio"/> AZ	<input type="radio"/> CS	

Cargo Body Type

7	8
---	---



New Values for Truck/Bus

Cargo Body Type	







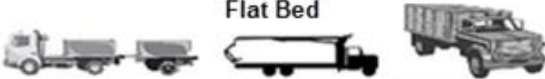



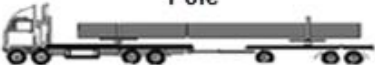




- Several new choices were added to include the following Cargo body Types:
 - Grains, Chips, Gravel
 - Pole
 - Intermodal Chassis
 - Log
 - Vehicle Towing Motor Vehicle
 - Bus (9-15 seats)
 - Bus (16 or more seats)
 - No Cargo Body



New Values for Truck/Bus

Cargo Body Type

--	--

Cargo Body Type		
1 	6 	11 
2 	7 	12 
3 	8 	13 
4 	9 	14 
5 	10 	15 
		97 Other

HAZMAT



New Values for Truck/Bus



HAZMAT ID	HAZMAT Class
<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 25px; height: 100px;"></div> <div style="border: 1px solid black; width: 25px; height: 100px;"></div> <div style="border: 1px solid black; width: 25px; height: 100px;"></div> <div style="border: 1px solid black; width: 25px; height: 100px;"></div> </div>	<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 50px; height: 100px;"></div> <div style="font-size: 24px; margin: 0 10px;">.</div> <div style="border: 1px solid black; width: 50px; height: 100px;"></div> </div>

New Values for Truck/Bus

HAZMAT ID				HAZMAT Class	

Hazardous Materials

CLASS 1 Explosives:
Divisions 1.1, 1.2, 1.3, 1.4, 1.5, 1.6



CLASS 2 Gases:
Divisions 2.1, 2.2, 2.3



CLASS 3 Flammable Liquid and Combustible Liquid



CLASS 4 Flammable Solid, Spontaneously Combustible, and Dangerous When Wet:
Divisions 4.1, 4.2, 4.3



CLASS 5 Oxidizer, Organic Peroxide: Divisions 5.1 and 5.2



CLASS 6 Poison (Toxic) Poison Inhalation Hazard, Infectious Substance:
Divisions 6.1 and 6.2



CLASS 7 Radioactive



CLASS 8 Corrosive



CLASS 9 Miscellaneous Hazardous Material



Deleted Fields

Incident Disposition and Special Study are no longer required and have been removed from the new form.

Incident Disposition

☐ Open ☐ Closed

Special Study

☐ Local ☐ State

Driveable is no longer required as a separate field, instead this information is captured under Extent of Damage.

Driveable

☐ Yes ☐ No

Deleted Fields

Access Control is no longer required and has been removed on the new form.

Access Control

1

2

3

Person Advised of Damaged Traffic Control is also no longer needed and has been removed from the new form.

Person Advised
of Damaged
Traffic Control

Date

Time

Name

Deleted Fields

Interstate/Intrastate

☐ Interstate
☐ Intra (MI Only)

Carrier Source

Carrier Source
☐ Papers
☐ Vehicle
☐ Log Book
☐ Driver

Type & Axles Per Unit

Type & Axles Per Unit	First	Second	Third	Fourth

CDL Restrictions

CDL Restrictions
☐ 28 ☐ 29 ☐ 30

Vehicle Type

Vehicle Type

<input type="radio"/> AS	<input type="radio"/> AL	<input type="radio"/> BS	<input type="radio"/> CX
<input type="radio"/> AA	<input type="radio"/> AT	<input type="radio"/> BB	<input type="radio"/> BX
<input type="radio"/> AH	<input type="radio"/> AX	<input type="radio"/> BH	<input type="radio"/> CH
<input type="radio"/> AN	<input type="radio"/> AY	<input type="radio"/> BN	<input type="radio"/> CP
<input type="radio"/> AP	<input type="radio"/> AZ	<input type="radio"/> BP	<input type="radio"/> CS

☐ Other

Contact Information

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